

# Overview of supplemental insurance

according to LCA/VVG



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# Global supplemental insurance

Risk-bearing insurer: Groupe Mutuel Assurances GMA SA – Martigny

Global supplemental insurance combinations ideally supplement the compulsory health insurance by providing coverage for both medical care and hospitalisation costs.

## □ GB Global AMB

- can be taken out by persons who have compulsory health insurance (AOS/OKP) with the health insurance company AMB Assurances SA;
- **choice between two modules:**
  - **basic module:** extensive reimbursement of a number of benefits such as hospitalisation in a general ward in Switzerland, free choice of doctor throughout Switzerland, non-reimbursable drugs, transport costs, spa and convalescence cures, glasses, orthodontic and dental treatment for children, assistance abroad, health prevention (back school, check-up, annual dental check-up);
  - **"alternative medicine option" module:** coverage of costs, max. CHF 10,000 per year for natural therapies and alternative medicine;
- premium discounts of 25% on the basic module and 50% on the "alternative medicine option" module if the benefits paid (less the possible deduction amount) are less than CHF 150 during the reference period. Maternity benefits are not taken into account when calculating the entitlement to the discount;
- family bonus of 50% on the basic module and on the "alternative medicine option" module for children up to the age of 18 (or 25 if they live in the same household as at least one of their parents), if at least one of the parents has taken out their compulsory insurance (AOS/OKP) with the health insurance company AMB Assurances SA. The bonus is cancelled if these conditions are no longer met;
- family bonus of 80% on the basic module and on the "alternative medicine option" module for children up to the age of 18, if at least one parent has taken out their compulsory insurance (AOS/OKP) with the health insurance company AMB Assurances SA and hold Global AMB supplemental health insurance. The bonus is cancelled if these conditions are no longer met;
- when the above conditions are no longer met (termination of coverage giving entitlement to the discount), the insured person is no longer eligible for the discount on GB insurance;
- deductible of CHF 230 for the benefits of the "alternative medicine option" module, as of January 1 following the year in which the insured person reached the age of 18.

## □ GI Global classic

- **choice between two modules:**
  - **basic module:** extensive reimbursement of a number of benefits such as hospitalisation in a general ward in Switzerland, non-reimbursable drugs, transport costs, spa and convalescence cures, glasses and contact lenses, vaccina-

tions, medical assistance abroad;

- **"Plus" option module:** alternative medicine, promotion of health (back training and fitness courses, tobacco and alcohol detoxification), nutrition and dietary advice, second medical opinion;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- family bonus for children when at least one parent has contracted certain insurance policies; the bonus is cancelled when the qualifying criteria are no longer met and when the insured reaches 18 years;
- deductible of CHF 300 on alternative medicine treatments from 1 January following the year in which the insured person reached the age of 18.

## □ GL Global, levels 1 to 4

- **choice between four different coverage levels:** GL 1, 2, 3 and 4;
- hospitalisation in a general ward in Switzerland;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- reimbursement of alternative medicine treatments, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses or correction, transport costs, assistance abroad; there are maximum coverage limitations depending on the coverage level;
- **choice of two deductibles:** CHF 0 or CHF 150.

## □ GM Global mi-privée

- eligibility up to the applicant's 55th birthday;
- hospitalisation in a semi-private ward in Switzerland;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- reimbursement of alternative medicine treatments according to the list, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses, transport costs, home help, vaccinations, assistance abroad;
- **three deductibles** for hospitalisation benefits: CHF 0, CHF 1,000 or CHF 3,000.

## □ GP Global privée

- eligibility up to the applicant's 55th birthday;
- hospitalisation in a private ward in Switzerland (worldwide option available, with limited duration and coverage in accor-

dance with the special conditions);

- › hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- › reimbursement of alternative medicine treatments according to the list, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses, transport costs, home help, vaccinations, assistance abroad;
- › **three deductibles** for hospitalisation benefits: CHF 0, CHF 1,000 or CHF 3,000.

#### □ **GX Global flex**

- › eligibility up to the applicant's 55th birthday;
- › **choice between two modules:**
  - › **basic Hospiflex module:** choice of general, semi-private or private ward for each hospitalisation depending on the type of operation and free choice of doctor or specialist, co-insurance share payable by the insured depending on the choice of ward;
  - › **supplemental Careflex module:** unlimited coverage for various outpatient services (alternative medicine, non-reimbursable drugs, transport costs, thermal or convalescence cures) and preventive medical services (fitness, check-ups, annual prophylactic dental check-up);
- › **exclusions:** maternity coverage.

#### □ **GC Global confort, levels 1 to 4**

- › eligibility up to the applicant's 55th birthday;
- › **choice between four different coverage levels:** GC 1, 2, 3 and 4;
- › free choice of accommodation standard in 1 or 2-bed rooms in approved facilities across Switzerland (treatment as in general ward), according to the list of approved facilities;
- › hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- › reimbursement of alternative medicine treatments, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses or correction, transport costs, assistance abroad; there are maximum coverage limitations depending on the coverage level;
- › **Choice of two deductibles:** CHF 0 or CHF 150.

#### □ **GF Global famille**

- › coverage for the whole family including, in particular, reimbursement of alternative medicine treatments, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses, transport costs and emergency medical care abroad;
- › specific services for children (ages 0 to 18), such as hospital accommodation for a parent (baby care), participation in annual sports fees, lump-sum benefit if the child is disabled or dies in an accident;
- › hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- › premium reduction from the second child onwards.

#### □ **GT Global temporis**

- › option to immediately contract "Global" insurance coverage, for a temporary and limited cover, at a reduced premium (valid for GL, GM, GP and GC coverage);
- › possibility to contract such coverage at a later date without a new medical exam.

#### □ **GO Global smart, levels 1 to 3**

- › **choice between three coverage levels:** GO 1, 2, 3;
- › hospitalisation in a general, semi-private or private ward in Switzerland, depending on the preferred level of coverage;
- › hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- › for the three levels of benefits, reimbursement of alternative medicine treatments according to the list, non-reimbursable drugs, glasses and contact lenses, transport costs, home help and preventive benefits (fitness, check-ups, vaccinations); there are maximum coverage limitations depending on the coverage level;
- › coverage of dental treatments as well as thermal and convalescence cures in Switzerland for levels 2 and 3; there are maximum coverage limitations depending on the coverage level;
- › reimbursement of emergency hospitalisation worldwide for the three levels (outpatient treatment and hospitalisation for treatments recognised under LAMa/KVG, transport costs, repatriation, search and rescue, visit of a family member) up to CHF 100,000 per year;
- › for an additional premium, insureds with level 3 coverage may contract the option "Emergency hospitalisation abroad upgrade option" which entitles the insured person to additional reimbursement of treatment and room and board up to CHF 3,000 per day, for no more than 60 days per calendar year;
- › **choice of two deductibles:** CHF 0 or CHF 500 (insured persons with level 3 may also opt for a CHF 1,000 deductible);
- › the insured person may cancel the insurance after three years, for the end of a calendar year, subject to a one month notice period.

# Supplemental health insurance

Supplemental health insurance offers a number of benefits that are not reimbursed by compulsory health insurance.

## □ **SC Supplemental health insurance, levels 1 to 4**

- **choice between four different coverage levels:** SC 1, 2, 3 and 4;
- access to many benefits such as non-reimbursable drugs, alternative medicine according to the list, thermal and convalescence cures, glasses and contact lenses, transport costs, home help, vaccinations; there are maximum coverage limitations depending on the coverage level;
- **choice of two deductibles:** CHF 0 or CHF 50.

## □ **SB Bonus supplemental health insurance**

- eligibility up to the applicant's 60th birthday;
- flexible coverage with unlimited benefits and attractive premiums thanks to a bonus system based on the sum of benefits claimed over a reference period. The maximum premium equals 100% of the ordinary premium;
- unlimited reimbursement of numerous benefits such as alternative medicine, non-reimbursable drugs, transport costs, thermal cures, free choice of doctors in Switzerland;
- preventive care: back training and fitness courses, tobacco and alcohol detoxification, annual prophylactic dental check-up;
- bonus system offering attractive reductions in premiums if no benefits are drawn;
- **deductible:** CHF 150 (not charged for preventive treatments).

## □ **SA Alterna health insurance**

- reimbursement up to 80% of the costs of the following alternative medical treatments given by FMH doctors;
- recognised therapies: acupuncture, auriculotherapy, bio-energetics, biotherapy, electroacupuncture, etiopathy, homeopathy, medical hypnosis, magnetotherapy, anthroposophical medicine, Chinese medicine, mesotherapy, orthobionomy, osteopathy, phytotherapy, rebirthing, sophrology, EMDR therapy (Eye Movement Desensitization and Reprocessing), neural therapy and autogenic training;
- reimbursement of alternative medicine medication, up to CHF 2,000 per year;
- combination discount for persons having contracted certain insurances; the discount is cancelled once the qualifying criteria are no longer met.

## □ **SP Vitalis insurance**

- eligibility up to the applicant's 60th birthday;
- the same premium for all insured persons;
- reimbursement of thermal and convalescence cures, home help, transport and rescue, auxiliary appliances, preventive medical services (e.g. check-up) and palliative treatment;
- 10% participation in the cost of auxiliary appliances, cures and means of prevention.

# Hospitalisation insurance

Supplementing compulsory health insurance, hospitalisation insurance gives you access to improved comfort and higher coverage in Switzerland and abroad.

## □ **HC Supplemental hospitalisation insurance, levels 1 to 4**

- eligibility up to the applicant's 60th birthday;
- **four different coverage levels:** HC 1, 2, 3 and 4:
  - general ward throughout Switzerland (level 1);
  - semi-private ward throughout Switzerland (level 2);
  - private ward throughout Switzerland (level 3);

- private ward worldwide (level 4), with limited duration and coverage in accordance with the special conditions;
- free choice of hospital facilities;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- **a choice of three deductibles for levels 2, 3 and 4:** CHF 0, CHF 1,000 or CHF 3,000.

### □ **HB Supplemental hospitalisation insurance H-Bonus**

- › eligibility up to the applicant's 60th birthday;
- › the insured chooses to stay in a general, semi-private or private ward upon being admitted to hospital;
- › the insured person's contribution to costs depends on the ward (CHF 0 in a general ward, CHF 100 per day, maximum 30 days per calendar year in a semi-private ward and CHF 200 per day, maximum 20 days per calendar year in a private ward);
- › hospitalisation benefits for pregnancy and childbirth will only be paid after a non-availability period of 12 months;
- › bonus system: two premium scales (80% and 100%) apply. Upon joining the insurance, the premium is equivalent to 80% of the ordinary premium. If an insured is hospitalised in a private or semi-private ward, the premium for the calendar year following the reference period will be equivalent to 100% of the ordinary premium, and this for three years.

### □ **HS Hôpital senior, classes 1 to 4**

- › supplemental hospitalisation benefits for persons over 55, without maximum age limit;
- › premiums, which are the same for both men and women, are graduated by age. The index is 100 until age 55 included, and increases by 7 points for each additional year thereafter; the reference age is the insured's age on his birthday in the calendar year.
- › **four different coverage levels:** HS 1, 2, 3 and 4
  - › accommodation in 2-bed rooms, general wards treatment, in approved establishments (class 1);
  - › accommodation in 1-bed rooms, general wards treatment, in approved establishments (class 2);
  - › 2-bed rooms, treatment in semi-private ward (class 3);
  - › 1-bed rooms, treatment in private ward (class 4);
- › during the first 12 months of insurance, the insurer only provides hospitalisation benefits in a general ward throughout Switzerland. After the first year, insured persons are entitled to the chosen class of benefits;

- › a choice of three deductibles for levels 3 and 4: CHF 0, CHF 2,000 or CHF 5,000.

### □ **KH Lump-sum benefit insurance for hospitalisation H-Capital**

- › **choice of nine annual lump-sum benefits**, to be decided in advance, designed to cover additional costs, such as home help or a nanny, in case of hospitalisation:
  - › CHF 300      › CHF 500      › CHF 600
  - › CHF 900      › CHF 1,000      › CHF 1,200
  - › CHF 1,500      › CHF 2,000      › CHF 2,500
- › **exclusions:** maternity coverage, outpatient treatment, hospitalisation for treatments not recognised by LAMa/KVG, semi-hospitalisation or hospitalisation exclusively covered by the LAA/UVG (compulsory accident insurance), AI/IV (disability insurance) or LAM/MVG (military insurance).

### □ **BH Daily cash benefit in case of hospitalisation**

- › eligibility up to the applicant's 60th birthday;
- › to help you cope with the financial difficulties resulting from hospitalisation;
- › benefits up to CHF 200 per day;
- › limited hospitalisation benefits (max. 90 days per year);
- › entitlement to insurance benefits comes into effect after a 6 month waiting period. For maternity cases, benefits are first paid after a 12 month waiting period;
- › after payment of 360 cash benefits over a period of four calendar years, the entitlement to benefits is extinguished and coverage ceases.

# Insurance for travel and emergency medical care abroad

In an emergency, your health and accident insurance is valid worldwide.

### □ **MU Mundo insurance**

- › health and accident insurance coverage valid worldwide;
- › reimbursement of costs, up to CHF 100,000 per year, for in- and outpatient treatment, transport required by the member's medical condition, repatriation, search and rescue;
- › **exclusions:** voluntary treatment abroad, illnesses which were already being treated and had not stabilised before departure

- › abroad, conditions subject to restrictions, psychiatric conditions and personal expenses (drinks, telephone charges, etc.);
- › combination discount for persons having contracted certain specific insurance products; the discount is cancelled once the qualifying criteria are no longer met.

# Dental insurance

Dental insurance covers dental treatment by dentists and orthodontists.

## □ DP "Dentaire plus" dental care coverage

- 4 different coverage levels: DP0, 1, 2 and 3;
- eligibility up to the child's 18th birthday for level 0, and up to the applicant's 60th birthday for levels 1 to 3;
- **Dentaire plus-Kids (DP0):** reimbursement of orthodontic treatment only, covers 75% of costs up to CHF 15,000 per year (level 0);
- **DP1 to DP3:** reimbursement of dental care and treatment, including orthodontics, and a contribution of CHF 75 to an annual prophylactic checkup and laboratory costs;
  - DP1: 75% of invoiced costs based on the LAA/UVG tariff, up to CHF 1,000 per calendar year (level 1);
  - DP2: 75% of invoiced costs based on the LAA/UVG tariff, up to CHF 3,000 per calendar year (level 2);
  - DP3: 75% of invoiced costs based on the LAA/UVG tariff, up to CHF 15,000 per calendar year (level 3);
- for all coverage levels, dental benefits are paid only after a non-availability period of 3 months, from the date the contract comes into effect, for all dental treatments and 12 months for prosthetic surgery. Accident benefits are payable immediately;

- **exclusions:** teeth already missing or replaced when coverage starts, treatments occasioned by an accident that occurred before coverage started, treatments for which LAA/UVG (compulsory accident insurance), LAI/IVG (disability insurance), LAM/MVG (military insurance) or a third party are liable, and treatments which were already anticipated when the insurance application was filed;
- on 1 January of the year following his 18th birthday, the insured person is automatically transferred from class 0 into class 1 provided he does not already have class 1, 2 or 3 coverage. Any family bonus will be cancelled. The insured may refuse the transfer in writing, within 30 days following receipt of the new policy.

# Supplemental accident insurance

In addition to health, accident and disability compulsory insurance, we offer coverage to suit every stage of your life.

## □ AB Acrobat, accident insurance for ages 0 to 18

- eligibility up to the applicant's 18th birthday;
- for the age bracket from 0 to 18 years, one standard premium is applicable to all coverage levels;
- **3 different coverage levels worldwide:**
  - **Acrobat<sup>eco</sup>:** hospitalisation in private ward in Switzerland, free choice of specialist, support for remedial classes, plastic surgery, home help, transport costs, and search and rescue;
  - **Acrobat<sup>light</sup>:** outpatient treatments and hospitalisation in general wards in Switzerland, lump-sum in case of disability (up to CHF 700,000) or death (CHF 10,000), support for remedial classes, plastic surgery, home help, transport costs, and search and rescue;
  - **Acrobat<sup>standard</sup>:** hospitalisation in private ward in Switzer-

land, free choice of specialist, capital lump-sum benefit in case of hospitalisation (CHF 500), disability (up to CHF 700,000) or death (CHF 10,000), Groupe Mutuel Assistance emergency coverage in Switzerland and abroad, financial support for remedial classes, plastic surgery, home help, transport costs, and search and rescue;

- Persons holding Acrobat<sup>light</sup> and Acrobat<sup>standard</sup> coverage will be automatically transferred to ProVista (ID) insurance, under the variant offering the same insured amounts, on 1 January following their 18th birthday.
- Persons holding Acrobat<sup>eco</sup> coverage will be automatically transferred to ActiVita (AJ) insurance on 1 January following their 18th birthday.

## □ AJ ActiVita, accident insurance from age 18

- eligibility up to the applicant's 60th birthday;
- **in Switzerland and abroad:** inpatient treatment in private

ward, free choice of specialist, reimbursement of search, rescue and emergency transport costs, repatriation, and round-the-clock legal assistance (call centre);

- **in Switzerland:** inpatient treatment for rehabilitation, transport for medical treatment (CHF 1,500 per case), plastic surgery (CHF 60,000 per case), caretaking of your home (CHF 1,500 per case), and reimbursement of a sports membership (CHF 500 per case);

- **exclusions:** professional sports and hazardous activities within the meaning of the LAA/UVG (accident insurance).

## Daily allowance benefits

Daily allowance benefits paid in case of accident or hospitalisation protect you against the financial consequences of an unexpected loss in earnings.

### □ **PI Individual daily allowance insurance**

- eligibility from age 15 and up to the insured's 55th birthday;
- the contract expires on 31 December of a calendar year, the term is indicated in the insurance policy;
- the contract can be terminated for the end of any calendar year subject to three months' written notice by registered letter, as well as for the other reasons specified in Article 6 of the General Terms and Conditions of Insurance;
- attractive illness and/or accident insurance coverage designed more particularly for the self-employed;
- daily cash benefit of up to CHF 600 per day;
- term of benefits 365, 730 or 1095 calendar days;
- choice of waiting periods;
- attractive premium rebates;
- in the event of total or partial incapacity to work, the insurer must be notified within 15 days of the date the insured person stops working, and a medical certificate must be provided;
- **exclusions:** all cases referred to in Article 9(3) of the General Terms and Conditions of Insurance.

### □ **AM Sekunda, daily allowance for incapacity for housework**

- eligibility from age 18 and up to the insured's 55th birthday;
- daily allowance paid in the event of incapacity for housework due to an accident; illness and maternity are excluded from the coverage;
- daily allowance of up to CHF 50 per day;
- allowance paid based on a medically confirmed incapacity for housework; if the incapacity for housework is lower than 25%, no benefits will be paid;
- 15 day waiting period,
- allowance paid for a maximum of 365 days for one or more cases of incapacity;
- in addition to termination according to the General Terms and Conditions, the contract ends at the end of the month coinciding with the insured person's 65th birthday and/or when benefits are exhausted.



# Legal protection insurance

Risk-bearing insurer:

Groupe Mutuel Assurances GMA SA - Martigny

Claims management company:

Dextra Protection juridique SA – Zurich

## □ LJ Legis<sup>priva</sup> personal legal protection

- › open to all Swiss residents (natural persons);
- › territorial validity varies depending on insured risks, jurisdiction and governing law e.g. Switzerland, EU/EEA and Europe;
- › contract ends at the death of the insured, if he moves abroad, in case of termination by the insured or GMA SA;
- › after each claim, the insured or GMA SA are entitled to terminate the contract;
- › **family bonus** for children under 25 and other persons cohabiting with an adult who has contracted Legis<sup>priva</sup> policy;
- › legal assistance by Dextra Protection juridique SA and payment, up to CHF 250,000 per legal case, covering the costs according to the exhaustive list mentioned in the General Terms and Conditions of insurance (Article 12), namely: lawyer's fees and expenses, expert's fees, travel expenses in case a court summons is over CHF 100, etc.
- › 3 month non-availability period for disputes arising from contracts, property and neighbourhood law and for legal advice in connection with personal law, family law (excluding divorce) and inheritance law. The non-availability period does not apply if the insured person was previously insured for the same risk with another insurance company, provided coverage was not interrupted;
- › restricted to the intervention of the legal department of Dextra Protection juridique SA if the litigation value is less than CHF 2,000. External costs will, however, be covered if the insured person is sued in court and the opposing party is represented by a lawyer;
- › **coverage:** private individuals, employees, tenants and contractual parties;
- › **insured risks:** personal liability law, insurance law, labour law (for employees, up to a litigation value of CHF 100,000, proportionate coverage for higher amounts in accordance with General Terms and Conditions of insurance), leases (as a tenant), construction contracts (with regard to insured buildings, limited to total construction costs of CHF 100,000 for works subject to official authorisation), consumer and contract law (see exhaustive list in General Terms and Conditions, i.e. purchase/sales contracts, leases, leasing, consumer credits, credit cards, package deal trips), criminal and administrative law (especially for the insured's defence in offences committed by negligence), property and other real rights (in disputes about service obligations and property charges filed with the land registry and disputes concerning property lines), condominium rights (regarding the apportionment of common costs between co-owners), disputes between neighbours (for owners, in disputes with direct neighbours in accordance with the exhaustive list referred to in the General Terms and Condi-

tions), personal rights, family law (excluding divorce), inheritance law (benefits limited to one legal consultation of max. CHF 500 per dispute);

- › **risks and expenses not insured, restrictions and exclusions:** see detailed description in Articles 13, 14 and 18 of the General Terms and Conditions of Insurance. Main exclusions: disputes of the insured in his capacity as employer, patient, buyer or owner, borrower, renter or driver of motor vehicles, lessor, etc., disputes arising in connection with the purchase and sale of buildings and land, mortgages, tradesmen's liens, gainful self-employed activities, debt collection, defence in personal liability disputes brought against the insured, disputes in connection with participation in brawls, fights, deliberate crimes or attempted deliberate crimes, disputes in connection with acts of war, riots, strikes, earthquakes and other natural disasters, and changes in atomic structure. Furthermore, the insurance does not cover the damages suffered by an insured person as well as the expenses to be borne by a third-party or by a liability insurance, as well as any fines to which the insured person was convicted. There are coverage restrictions, including on disputes between neighbours.

## □ LJ Legis<sup>strada</sup> mobility legal protection insurance

- › open to all Swiss residents (natural persons);
- › territorial validity varies depending on insured risks, jurisdiction and governing law e.g. Switzerland, EU/EEA and Europe;
- › contract ends at the death of the insured, if he moves abroad, in case of termination by the insured or GMA SA;
- › after each claim, the insured or GMA SA are entitled to terminate the contract;
- › **family bonus** for children under 25 and other persons cohabiting with an adult who has contracted a Legis<sup>strada</sup> policy;
- › legal assistance by Dextra and payment, up to CHF 250,000 per legal case, covering the costs according to the exhaustive list mentioned in the General Terms and Conditions of insurance (Article 12), namely: lawyer's fees and expenses, expert's fees, travel expenses in case a court summons is over CHF 100, etc.
- › restricted to the intervention of the legal department of Dextra Protection juridique SA if the litigation value is less than CHF 2,000. External costs will, however, be covered if the insured person is sued in court and the opposing party is represented by a lawyer;
- › three month non-availability period without coverage for disputes arising from contracts, The non-availability period does not apply if the insured person was previously insured for the same risk with another insurance company, provided

coverage was not interrupted;

- **coverage:** authorised drivers of any vehicle engaged in road traffic, owners and holders of licenced vehicles, pedestrians, cyclists (including in-line skating, scootering and skateboarding) on public highways, passengers of any means of transport, driving licence holders;
- **insured risks:** criminal and administrative law (especially for traffic offences arising from negligence and administrative procedures in connection with driving licences), personal liability, insurance law, contract law with regard to licensed vehicles of the insured person (with regard to the following exhaustive list: purchase/sales contracts, leasing, maintenance and repairs, borrowing and lending);
- **risks and expenses not insured, restrictions and exclusions:** see detailed description in Articles 13, 14 and 20 of the General Terms and Conditions of Insurance. Main exclusions: disputes arising in connection with commercial contracts, disputes relating to events which occurred when the insured was driving a vehicle without the necessary licence, defence in personal liability claims filed against the insured by third parties, disputes in connection with active participation in races or other motor vehicle competitions, disputes arising in connection with participation in brawls, fights, deliberate crimes or attempted deliberate crimes, disputes in connection with acts of war, riots, strikes, earthquakes and other natural disasters, and changes in atomic structure. Furthermore, the insurance does not cover the damages suffered by an insured person as well as the expenses to be borne by a third-party or liability insurance, as well as any fines to which the insured person was convicted, the cost of blood tests or similar tests as well as any medical exams decided within a criminal investigation or by an administrative body, and driver education fees decided by an administrative or legal body.

#### □ **LJ Legis<sup>duo</sup> combined personal and mobility legal protection insurance**

- open to all Swiss residents (natural persons);
- Legis<sup>duo</sup> combines the benefits of Legis<sup>priva</sup> and Legis<sup>strada</sup> under the relevant terms and conditions for each product.

#### □ **LG Legis<sup>sana</sup> medical protection insurance**

- open to all Swiss residents (natural persons);
- the contract ends when the insured person dies, in case of transfer of his residence abroad, or when he terminates his contract;
- uniform premium for ages 0 to 18 and 19 to 99;
- legal protection from Dextra Protection juridique SA, covering costs and expenses for legal action and formalities in case of malpractice and medical treatment or diagnostic errors, in particular lawyer's fees and fees of other representatives, medical appraisals, court fees and charges, etc. up to maximum CHF 300,000 per case;
- **exclusions:** for psychiatric treatment or psychotherapy, as well as for any disputes relating to invoices or fees, interest, damages and costs due from liable third parties or their insurers and the costs payable by the insured's personal liability insurance.

# Pensions and lump-sum benefits

Risk-bearing insurers: Groupe Mutuel Assurances GMA SA – Martigny,  
for ProVista (ID), ProVista<sup>light</sup> (AD) and KidsProtect (KP) insurance

Groupe Mutuel Vie GMV SA – Martigny, for lump-sum benefits in case of death or disability  
following an illness or accident (IC) and SanaVista (IM) insurance

Protection of the family and prevention of the financial consequences of disability or death as a result  
of an accident or illness, through the payment of a lump-sum or a pension allowance.

## □ ID ProVista □ AD ProVista<sup>light</sup>

### Lump-sum benefits in case of accidental disability and/or death

- Two different coverage levels:
  - ProVista: lump-sum benefit in case of disability or death
  - ProVista<sup>light</sup>: lump-sum benefit in case of death only;
- eligibility up to the applicant's 65th birthday;
- premiums are graduated by age bracket and insured capital;
- choice between different lump-sum benefit combinations up to a ceiling of CHF 200,000 in case of death and of CHF 400,000 in case of disability caused by an accident (progressive up to 350% according of the rate of disability);
- or children, payment of a lump-sum benefit in case of death of up to:
  - CHF 2,500 before the age of two years and six months;
  - CHF 20,000 from the age of two years and six months up to the age of 12 years
- reduction of the insured amounts on 1 January of the year following the insured person's 70th birthday (CHF 10,000 for death and CHF 30,000 for disability).

## □ IC Lump-sum benefit covering death and disability caused by illness or accident

- Two different coverage options:
  - illness and accident coverage or
  - illness coverage only
- eligibility from age 15 and up to the insured person's 55th birthday;
- may be terminated by the insured at any time for the end of a month;
- end of insurance: at the latest on the last day of the month coinciding with the insured's 65th birthday (men) or 62nd birthday (women);
- protection against the financial consequences of death or disability caused by illness or accident;
- payment of a capital sum benefit of maximum CHF 200,000 designed, for example, to purchase costly appliances and equipment and to hire professional help;
- **exclusion** in case of damages deliberately caused by the policyholder or the beneficiary.

## □ IM SanaVista, lump-sum benefit insurance in case of death or disability following illness

- different capital lump-sums to cover the consequences of disability or death following illness;
- the insured person may cancel the insurance after five years, for the end of a calendar year;
- end of insurance: at the latest on the last day of the month coinciding with the insured's 65th birthday (men) or 62nd birthday (women).

KidsProtect provides financial support to families with children suffering from cancer.  
A monthly allowance is paid to the parents from the start of the treatment.

### □ **KP KidsProtect, pension allowance for ill children**

- › open to all Swiss residents under age 17 who do not have or have never had cancer;
- › monthly benefit of CHF 4,000 (maximum 15 pension payments over a period of 60 months), if the insured child gets cancer;
- › pension payable provided the child is undergoing treatment within the meaning of the Special Terms and Conditions of insurance (Article 2);
- › free use of the pension amount with no need for substantiation;
- › a uniform premium, regardless of the child's age or gender;
- › no deductible;
- › **non-availability period:** coverage commences three months after the effective date indicated on the insurance policy;
- › **exclusions:** in particular cancers which occur or are medically declared before the contract is concluded or in the 3 months after it becomes effective, and cancers diagnosed in HIV-positive insured persons;
- › the insurance contract and entitlement to benefits cease: at the end of the calendar year coinciding with the insured person's 17th birthday subject to any entitlement in respect of current claims; 60 months after the insured is diagnosed with cancer or when the entitlement to benefits is exhausted, whichever occurs first.

## Important information

The key points are summarised below. Further rights and obligations arise from the general and special terms and conditions of insurance as well as from the LCA/VVG.

### Insurance proposal

The signing of an insurance proposal is not a request for an offer; it constitutes a formal declaration of the applicant's intent to contract one or more supplemental insurance policies with the insurer. The applicant remains bound to the insurer in accordance with the provisions of Article 1 LCA/VVG.

The insurer is free to accept the proposal, with or without medical exclusions, or to refuse it.

Each insurance product is defined by appropriate special terms and conditions and is subject to an individual and separate contract.

### Minimum term of insurance

The minimum term of supplemental insurance is five years, except for Global smart insurance where the minimum term is three years, for Alterna, Mundo and Legis<sup>sana</sup>, where the minimum term is one year, Legis<sup>priva</sup>, Legis<sup>strada</sup> and Legis<sup>duo</sup> which offer terms of five or eight years according to choice, and PI individual daily allowance insurance, the expiry date of which is indicated on the policy.

Save termination for the end of the minimum term, coverage is automatically renewed from one year to the next.

### End of insurance contract

The policyholder is entitled to terminate the contract:

- › with six months' notice for the end of any calendar year, but not before the end of the minimum insurance term (except for PI, IC and GO insurance products);
- › after each case of damage or loss paid by the insurer, no later

than 10 days after learning that the indemnity was paid. Insurance coverage expires 14 days after notice of termination to the insurer;

- › in the event of a premium increase, within 30 days of receiving the policy or being notified of the increase;
- › if the insurer infringes its obligation to inform, in accordance with Article 3a LCA/VVG.

The insurer is entitled to terminate the contract:

- › if the insured fails to disclose, or falsely declares, an important fact (false statement/non-disclosure);
- › for Legis<sup>priva</sup>, Legis<sup>strada</sup> et Legis<sup>duo</sup>, the insurer may terminate the contract at the latest on payment of the claim.

The insurance contract and entitlements to benefits cease:

- › at the death of the insured person;
- › if the insured transfers his residence abroad, at the end of the insurance term for which the premium was paid provided no other arrangements were agreed.

### Eligibility

Eligibility for insurance may be subject to certain conditions (e.g. pre-existing illnesses, medical examination, applicant's age, etc.).

### Premiums

As a rule, premiums are graduated by gender, geographical region and by the following age groups: 0 to 18, 19 to 25; from age 26 to age 70, groups are graduated in five-year brackets. A single group covers the 71 to 99 age bracket.

An insured person who reaches the last year of his age group is automatically transferred into the next age group at the beginning

of the following calendar year.

Like Mundo, Legis and Dentaire plus, certain products have a different premium structure.

The premium for the chosen product is specified in the insurance proposal, the offer and the insurance policy. If the premium is subject to change before coverage becomes effective, it will be stated in the policy.

Family bonuses are cancelled when the qualifying criteria mentioned on page 3 of this document are no longer met; the normal premium then applies.

## Obligations of the insured person

### Obligation to reduce damages

In case of illness or injury, the insured must promptly undergo appropriate medical treatment. He is required to obey his doctor's instructions and avoid anything liable to worsen his condition.

Before treatment, the insured needs to make sure that the chosen therapy, health care provider or the facility where he is to be treated are approved by the insurer. Voluntary changes in therapy or practitioner in the course of a treatment are subject to the insurer's prior consent.

### Obligation to notify – time limits

- if the insured is admitted to a hospital or clinic, the insurer must be notified within five days at the latest. If the insurer is required to guarantee coverage, it must be notified before admission;
- applications for approval of thermal and convalescence cures must be submitted to the insurer together with the medical prescription at least 20 days before the start of the cure;
- the insured or the beneficiary must notify accidents to the insurer promptly, within 10 days at the latest;
- in the event of the insured's death, the beneficiary must notify the insurer within 30 days at the latest;
- for Legis<sup>priva</sup>, Legis<sup>strada</sup>, Legis<sup>duo</sup> ou Legis<sup>sana</sup>, claims must be reported as quickly as possible to Dextra Protection juridique SA.

### Obligation to cooperate

Insured persons must provide the insurer with complete and truthful information about the insured event (illness, accident, maternity or litigation) and any prior illnesses and accidents.

The insurer is entitled to make its own investigations and is authorised to contact third parties for that purpose. The insured person expressly authorises practitioners who provided treatment for the illness or accident, or on other occasions, to communicate the requisite information to the insurer's medical advisor so that he may appraise the case. To that effect, the insured shall release practitioners from their professional secrecy obligation.

### Payment of premiums, deductibles and co-insurance

Unless otherwise agreed (with an administrative extra charge), premiums are payable annually in advance and deductibles and co-insurance amounts are payable within 30 days of invoicing. In case of non payment after one formal notice, the insurer may suspend the insured's entitlement to benefits. Even if the premium is subsequently paid, the insured cannot claim benefits for events which occurred during the suspension.

## Start of contract and insurance coverage

The insurance contract is concluded as soon as the insurer notifies the insured that it has accepted the proposal.

Coverage commences on the effective date indicated on the insurance policy.

The non-availability and waiting periods specified in the general and special terms and conditions of insurance are reserved.

## Non-availability and waiting periods

Certain benefits are subject to waiting periods which start running from the occurrence of the insured event giving rise to the entitlement to benefits.

Certain benefits are subject to non-availability periods which start running from the effective date of the relevant insurance policy.

## Change in coverage

The proposal for increased coverage of an insured risk (e.g. decrease in deductible or higher insured amount) within the same product is regarded as a proposal for a new insurance contract within the meaning of Article 1 LCA/VVG.

The insurer reserves the right to accept or refuse the proposal and to decide restrictions in accordance with the conditions and time limits set out in Article 1 LCA/ VVG. Termination notice and waiting periods shall start to run anew and no acquired rights will be taken over from the earlier contract

## Scope of the insurance coverage

The amounts, percentages, time limits and reimbursement conditions (e.g. medical prescription) are described in the special terms and conditions for each product, and in the synoptic table of products.

Hospitalisation insurance benefits are granted only for hospital facilities recognised by the insurer. For stays in hospital facilities not recognised by the insurer, benefits may be restricted, or even denied. The relevant criteria are set out in the special terms and conditions of each product. In any event, before any hospital stay, it is the insured's duty to enquire whether the hospital is recognised by the insurer.

GB, GI, GL, GM, GP, GX, GC, GF, HC, HB, HS and AJ insurance types contain restrictions on the reimbursement of benefits, either for hospitalisation in psychiatric facilities, for rehabilitation treatments or in case of emergency treatment abroad

For GM, GP, GC, HC and HS insurance, benefits are limited to 90 days for hospitalisation in a general ward. This limitation is extended to 180 days for insureds in a semi-private or private ward with GO insurance.

Legis<sup>priva</sup>, Legis<sup>strada</sup>, Legis<sup>duo</sup> et Legis<sup>sana</sup> policies stipulate limited amounts and expenses.

Legis<sup>priva</sup>, Legis<sup>strada</sup>, Legis<sup>duo</sup> et Legis<sup>sana</sup> are subject to territorial limits and stipulate litigation values.

## Healthcare providers, cure facilities and health promotion measures approved by Groupe Mutuel

Links and practical criteria are available on the insurer's website or can be sent to the policyholder or the insured person upon request.

Links and criteria are related to the following areas:

- Alternative medicine

- › Non-doctor psychotherapists and independent psychologists
- › Convalescence cures
- › Thermal cures
- › Alcohol and tobacco detoxification cures
- › Fitness centres
- › Back exercise school

Benefits are covered depending on the type of insurance and level of coverage.

The insurer can change the criteria for the approval of facilities at any time.

Such modifications do not entitle policyholders to terminate the contract.

## Exclusions

There is no insurance coverage for:

- › illnesses and accidents and their sequels existing before the insurance contract was concluded or occurring after the contract expires;
- › illnesses and accidents which are the fault of the insured, and the consequences of illnesses and accidents which are the fault of the insured, such as: attempted suicide, mutilation, alcoholism, substance abuse, drug abuse, sex changes, hazardous activities, participation in brawls and fights, etc.;
- › the consequences of events of war abroad, unless such events catch the insured by surprise in the country where he is staying and provided the illness or accident occurs no more than 15 days after the beginning of the events;
- › other exclusions in respect of specific products.

An exhaustive list of exclusions is contained in the general and special terms and conditions of insurance. If the loss was caused by gross negligence on the part of the insured, the insurer's liability shall be reduced proportionately.

## Agents of Groupe Mutuel

Groupe Mutuel authorised agents hold an accreditation card to be presented at each meeting.

## Data protection

### Personal and sensitive data

Groupe Mutuel Services SA processes the personal and sensitive data of the policyholder, the insured person, and where applicable their beneficiaries or related persons (hereinafter: persons concerned) on behalf of Groupe Mutuel Assurances GMA SA, your insurer. Data processing is entrusted to Groupe Mutuel Services SA (hereafter: Groupe Mutuel), a company under Groupe Mutuel Holding SA. Both companies are subject to the Federal Law on Data Protection (LPD/DSG).

Personal data refers to information relating to the persons concerned, including the administrative management of the insurance contract. Sensitive data refers in particular to information relating to the state of health of insured persons and claims. In general, the following categories of personal and sensitive data are processed: the declaratory personal data of the persons concerned, i.e. the data that Groupe Mutuel may collect from the persons concerned when they express interest and/or subscribe to products and services that it offers or distributes; personal data relating to the benefits provided or the functioning of products and services or their use, in particular when using online services; personal data from third parties, other services or public information where authorised.

### Legal basis

Groupe Mutuel shall process the personal and sensitive data of the persons concerned and implement the processing operations according to the following legal grounds: the consent of the persons concerned, respectively the express consent for sensitive data; the legal provisions applicable to the activities of Groupe Mutuel (including the Federal Law on Data Protection); the contract concluded between Groupe Mutuel and the persons concerned.

### Purposes

Personal data is used in particular to assess the risks to be insured, process claims, ensure the administrative, statistical and financial follow-up of the contract, allow the management of Groupe Mutuel's activities (statistics, internal and external audit, etc.) and compliance with its legal obligations, the improvement and development of services provided, the optimisation and cost-effectiveness of insurance costs, prospecting and marketing operations, the management of claims in respect of the rights of persons, the management of unpaid debts and disputes, the fight against fraud, money laundering, terrorist financing and tax fraud. To this end, this data may be communicated, shared and exchanged between Groupe Mutuel and third parties (see below). These exchanges are the subject of contracts specifying the obligations and responsibilities of each of the parties, or are based on a legal provision.

### Security

When personal data is processed, and with regard to the risks presented by data processing operations, Groupe Mutuel, its insurance intermediaries and other agents (for example a reinsurance company), undertake to take all necessary measures to comply with data protection law. These provisions include, in particular, the technical, physical and organisational measures required to safeguard the security of personal data and prevent its modification, damage or access by unauthorised third parties.

### **Data transfer**

Data is treated confidentially and may be disclosed to third parties (e.g. insurance intermediaries, reinsurance companies, doctors, beneficiaries, disability insurance office (AI/IV), social security of the insured person's country of residence), including abroad. Disclosure of data occurs on the basis of legal obligations, court decisions, general insurance terms and conditions or the consent of the persons concerned. Consent must be express in the case of sensitive data. If the data processing operations are subject to a subcontracting, outsourcing or partnership contract with third parties, the latter undertake, as part of their contractual relationship with Groupe Mutuel, to comply with data protection law. Groupe Mutuel selects subcontractors who provide the necessary guarantees. The data entrusted to insurance intermediaries will be recorded and sent to Groupe Mutuel for the handling of insurance applications and for the administrative and financial follow-up between the insurance intermediary and the insurer. The latter is not responsible for the processing of personal data that the person concerned may have authorised from third parties or those that are carried out independently of Groupe Mutuel. It is up to the persons concerned to refer to the data protection policies of these third parties in order to check the terms and conditions of the processing operations carried out, or to exercise their rights with regard to these operations.

### **Profiling**

During its relationship with Groupe Mutuel, the person concerned may be subject to marketing profiling, so that the insurer can offer services and products that meet the person's expectations, profile and needs. The modalities of this profiling are specified in the appropriate data protection policy. Other types of profiling may take place for the purposes outlined above.

### **Storage period**

Personal data is stored for as long as required by law, the management of the insurance contract, claims, recourse rights, debt recovery and/or any disputes between Groupe Mutuel, the insured person, the insurance intermediary or third parties.

### **Rights of access and correction**

The persons concerned have the right to access their personal data, to have their data corrected, to have their data deleted within the limits of the applicable legal provisions, to limit the processing of their data, to request that their data is transferred, to withdraw their consent to the processing of personal data, subject to the processing required for the performance of the contract, and to appeal to the competent supervisory authority.

### **Data Protection Officer**

Groupe Mutuel has appointed a Data Protection Officer who can be contacted at the following address:

[dataprotection@groupemutuel.ch](mailto:dataprotection@groupemutuel.ch).

Further information on data protection is available on the website: [www.groupemutuel.ch](http://www.groupemutuel.ch)

## Customised insurance solutions

Groupe Mutuel brings together several independent companies active in health and accident insurance, as well as life, patrimony and corporate insurance (daily allowance, accident insurance, occupational benefits and supplemental health insurance). Find out more about our extensive range of benefits.

### For non binding personal advice

from Monday to Friday, 8.00 to 12.00 and from 13.30 to 17.00



Groupe Mutuel

Health<sup>®</sup> Life<sup>®</sup> Patrimony<sup>®</sup> Corporate<sup>®</sup>

### AMB Assurances SA

Route de Verbier 13 – CH-1934 Le Châble – Tel. 058 758 60 70 – Fax 058 758 60 89 – [www.amb-assurances.ch](http://www.amb-assurances.ch)



Avenir Assurance Maladie SA – Easy Sana Assurance Maladie SA – Mutuel Assurance Maladie SA – Philos Assurance Maladie SA – SUPRA-1846 SA – AMB Assurances SA  
Groupe Mutuel Assurances GMA SA – Mutuel Assurances SA – Groupe Mutuel Vie GMV SA  
Fondations administrées par le Groupe Mutuel: Groupe Mutuel Prévoyance-GMP – Mutuelle Neuchâteloise Assurance Maladie