

Special Terms and Conditions for “Premium” supplemental health insurance – 2024 edition

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Table of contents

Art. 1	Purpose of the insurance	Art. 6	Lists of benefits and healthcare providers
Art. 2	Insured risks	Art. 7	Changes to co-payments
Art. 3	Eligibility	Art. 8	Premiums
Art. 4	Entitlement to benefits and limitations	Art. 9	Family discount
Art. 5	Insured benefits		

The following provisions are subject to the General Terms and Conditions for Supplemental Health and Accident Insurance (CGC), whose edition is specified in the insurance policy.

Art. 1 Purpose of the insurance

1. The purpose of “Premium” insurance is to provide benefits in addition to those provided under compulsory health insurance (hereinafter AOS/OKP), according to the Federal Law on Health Insurance (LAMal/KVG), for diagnostic and therapeutic measures, medicines and medical aids that are effective, appropriate and cost-effective.
2. The insurance also covers a number of preventive and contraceptive measures.

Art. 2 Insured risks

Benefits provide illness, accident and maternity coverage.

Art. 3 Eligibility

Any person domiciled in Switzerland may apply for “Premium” insurance, to take effect no later than the applicant’s 70th birthday.

Art. 4 Entitlement to benefits and limitations

1. Benefits are payable according to treatment dates. Costs incurred after entitlement has been exhausted (benefits subject to a time or reimbursement limit) cannot be carried over to the following year.
2. If insurance coverage begins during the course of the year, the insurer may reduce the maximum benefits proportionally per calendar year.
3. If a medical treatment, alternative medical therapy, cure, medication or medical aid is not medically justified or no longer provides a therapeutic improvement, the insurer will inform the insured person of the refusal, reduction or termination of the payment of benefits.
4. To the extent provided for in these special terms and conditions of insurance, the insurer will reimburse the costs not covered by the AOS/OKP if the benefits are provided by a doctor recognised under the AOS/OKP or by a duly authorised person recognised by the insurer.

5. For "convalescence cures and spa treatments" and "home help and placement costs", the insured person must submit a prior request for coverage to the insurer.
6. Under no circumstances may the insurance governed by these provisions be used to cover deductible amounts and co-payments under the AOS/OKP.
7. However, insurance coverage is extended to cover foreign statutory co-insurance amounts for treatments outside Switzerland pursuant to the EU/EFTA Agreement on the Free Movement of Persons or other international social security conventions and providing it is not prohibited by the law of the relevant country.
8. In the event of multiple insurance coverage within the meaning of the Law on Insurance Contracts (LCA/VVG), the insurer will pay benefits in proportion to the insurance coverage taken out.

Art. 5 Insured benefits

The below amounts represent the maximum compensation paid by the insurer for the benefits listed in the "Description" column.

	Coverage	Description
Restricted and non-reimbursable drugs	90%	<ul style="list-style-type: none"> - Medicines not covered by compulsory health insurance (AOS/OKP) and prescribed by a doctor, a recognised healthcare provider with the meaning of LAMa/KVG or an alternative medicine therapist recognised by the insurer. - Exclusions: products on the list of pharmaceutical products for special application (LPPA/LPPV). - The insurer keeps a list of recognised alternative medicine therapists.
Costs of advice on medicines on the list of specialities dispensed by pharmacists without a prescription	90%	<ul style="list-style-type: none"> - Cost of advice provided by pharmacists recognised by the insurer, for medicines on lists A and B (Swissmedic classification) dispensed without a prescription in accordance with Art. 45 of the OMed/VAM (Ordinance on Medicinal Products) and the applicable tariff agreement between the insurer and the pharmacy. - The insurer keeps a list of recognised pharmacies.
Alternative medicine	80%, max. CHF 5,000 per three-year period, of which max. CHF 500/calendar year for massages	<ul style="list-style-type: none"> - Medically necessary therapies recognised by the insurer and carried out by a qualified doctor, or an alternative medicine therapist recognised by the insurer for the therapy in question. - The insurer keeps a list of the recognised therapies and therapists and reserves the right to exclude certain therapies and/or therapists at any time. - There is no entitlement to benefits for sessions provided between family members. - The three-year period for the maximum cover of CHF 5,000 begins when the contract comes into force.
Convalescence cures and spa treatments	90%, max. 30 days/calendar year	<ul style="list-style-type: none"> - Treatment and boarding costs for convalescence cures in Switzerland following a stay in hospital, in facilities recognised by the insurer. - Costs of treatment and board in the event of a spa treatment in spa facilities recognised in accordance with the Swiss Health Insurance Benefits Ordinance (OPAS/KLV). - Benefits are payable provided the treatment is prescribed by a recognised physician within the meaning of LAMa/KVG. - The insurer keeps a list of the recognised facilities. - A request for reimbursement and a doctor's prescription must be submitted to the insurer beforehand, otherwise the right to benefits will lapse.
Medical glasses, contact lenses or surgical vision correction	Glasses and contact lenses <ul style="list-style-type: none"> - children up to the age of 18, CHF 150 per year - adults aged 19 and over, CHF 500 per three years Surgical vision correction <ul style="list-style-type: none"> - 90% cost-sharing, max. CHF 800 for the entire duration of the contract. 	<ul style="list-style-type: none"> - The specified amount for the purchase of medical glasses or contact lenses which are not covered by the AOS/OKP. - The contribution provided for surgical vision correction is allocated in addition to the costs of medical glasses or contact lenses.
Medical aids	90%, max. CHF 5,000/calendar year	<ul style="list-style-type: none"> - Rental and purchase costs of orthopaedic appliances and medical aids (excluding dental prostheses) in accordance with the list drawn up by the insurer.
Mammograms and ultrasounds	90%	<ul style="list-style-type: none"> - Mammograms and ultrasounds not covered by the AOS/OKP.
Preventive gynaecological examinations	90%	<ul style="list-style-type: none"> - Preventive gynaecological examinations not covered by the AOS/OKP.
Vaccines	90%	<ul style="list-style-type: none"> - Costs of vaccines not covered by compulsory health insurance (AOS/OKP) and those recommended by the Federal Office of Public Health (FOPH) when travelling abroad and recognised by Swissmedic. - Expenses for vaccines not covered by the AOS/OKP as well as those recommended by the Federal Office of Public Health (OFSP) in the event of departure abroad, recognised by Swissmedic. - The insurer keeps a list of recognised pharmacies.

	Coverage	Description
HIV preventive test	90%	– The cost of preventive HIV tests when prescribed and provided by recognised providers within the meaning of the LAMa/KVG.
Check-ups	One check-up every three years, 90%, max. CHF 1,800	– The costs of a check-up by a doctor. – Check-ups include: <ul style="list-style-type: none"> – a consultation with an extended examination (height, weight, blood pressure, advice and health promotion), – an electrocardiogram at rest and during exercise, – a chest X-ray, – a urinary status, – haematological, chemical, glucose and cholesterol analyses, – a skin examination.
Second opinion	90%	– Costs resulting from a second medical opinion given by a doctor before hospitalisation. The wording "second opinion" must be indicated on the bill.
Comfort upgrade, hotel accommodation, transport or parking costs in the event of outpatient surgery	CHF 300/calendar year	– When the insured person undergoes outpatient surgery, the insurer will pay the following costs: <ul style="list-style-type: none"> – upgrade invoiced by the hospital where the outpatient surgery is performed; – accommodation for the insured person and accompanying persons in a hospital or hotel for the night before and/or after the treatment; – transport of the insured person from his home to the relevant healthcare provider (journey to and/or from the home with public transport or a taxi); – parking costs.
Transport and search and rescue costs	90% (transport) 90%, max. CHF 100,000/calendar year (search and rescue)	– Transport to the nearest hospital facility or doctor provided such transport is medically necessary. – This contribution is only granted for transport by ambulance or by helicopter or for a search and rescue operation. – The cost of transport (public or private) required for outpatient treatment is reimbursed up to the cost of public transport if it is justified by the importance of the side-effects of the treatment or makes it possible to avoid hospitalisation.
Psychotherapy	90%, max. CHF 1,000/calendar year	– Costs of treatment not covered by the AOS/OKP that is provided by psychotherapists who are not doctors and independent psychologists who are members of an association recognised by the insurer. – The insurer keeps a list of recognised associations.
Care for sick children at home	90%, max. CHF 300/calendar year	– For children up to the age of 12, coverage of child-minding costs by the Red Cross or an official institution with a similar purpose if the parents have a professional activity outside the home.
Home help and placement costs	90%, max. CHF 2,500/calendar year	– Costs resulting from the medically justified hiring of a home help who carries out this activity on a professional basis for his/her own account or that of a company or organisation and who takes care of the daily domestic and household chores on behalf of the insured, following hospitalisation as a result of illness or accident (maternity excluded). All other costs are excluded (general cleaning, etc.). – Costs of temporary placement of family members living in the same household as the insured and dependent on the insured for reasons of age or health, during the period when the insured has to be hospitalised for medical reasons. The temporary placement of family members must be carried out in an official care facility (temporary care unit, crèche, day care centre or day and/or night care home). – In the event of hospitalisation of an insured child up to the age of 14, the insurer will pay the cost for a family member to occupy a hospital bed. – The insured person is required to obtain the insurer's prior consent.
Meals at home following hospitalisation or outpatient surgery	CHF 20/day, max. 30 days/calendar year	– Payment of the cost of meals at home provided in a professional capacity by an organisation, company or institution and on a doctor's prescription.
Contraception and voluntary sterilisation	90%, max. CHF 500/calendar year	– Coverage of the costs of contraceptive measures that require a doctor's intervention (contraceptive implants, IUDs, delayed progestins) or that require an initial medical prescription (contraceptive pill, vaginal ring, patch). – Coverage of the cost of sterilisation.

	Coverage	Description
Dental treatments	<p>Dental care 75%, max. CHF 500/calendar year</p> <p>Dentofacial orthopaedics for insured persons up to the age of 18: 75%, max. CHF 3,000/calendar year</p>	<ul style="list-style-type: none"> - Coverage of the costs of: <ul style="list-style-type: none"> - dental treatment by a qualified dentist; - an annual prophylactic dental check-up; - crowns, bridges and dentures; - laboratory fees. - For insured persons up to the age of 18, insurance coverage extends to dentofacial orthopaedics. - Insured persons are immediately entitled to benefits for dental treatment following accidents which occur after the insurance comes into effect. - In the event of an accident, benefits for prosthetic treatment (replacement of teeth, fitting of crowns, pivot teeth, bridges, partial or full dentures, etc.) are granted immediately after the insurance comes into force; in other cases, benefits are granted at the earliest after 12 months' affiliation to the insurance. - For other dental treatments (including dentofacial orthopaedics), insurance benefits are granted after three months' affiliation at the earliest. - The basis for the calculation of reimbursable benefits is the official LAA/UVG tariff (nomenclature and point value); surcharges may not exceed 50%.
Prevention and sports activities	<p>50%, max. CHF 500/calendar year (prevention)</p> <p>90%, max. CHF 200/calendar year (sports activities and sports memberships)</p> <p>Max. CHF 500/calendar year for all "Prevention and sports activities" benefits combined</p>	<p>Prevention</p> <ul style="list-style-type: none"> - Coverage of costs for the following measures: <ul style="list-style-type: none"> - back school, - fitness membership and courses, - detoxification cures. - The insurer keeps a list of recognised fitness courses and types of detoxification cure. - For fitness subscriptions, the insurer keeps a list of recognised fitness centres. <p>Sports activities and sports memberships</p> <ul style="list-style-type: none"> - Coverage of the costs of annual sports memberships (excluding fitness membership and courses) and active membership fees for a sports club or association, according to the list of sports activities and sports memberships drawn up by the insurer. <p>For fitness and sports memberships and subscriptions whose period of validity does not correspond to a calendar year, the maximum insured amount is reduced proportionally.</p>
Groupe Mutuel Assistance	As set out in the general terms and conditions of insurance of Groupe Mutuel Assistance	<ul style="list-style-type: none"> - Payment of the benefits provided for in the general terms and conditions of Groupe Mutuel Assistance (repatriation and transport when the accident occurs beyond a radius of 20 kilometres from the insured person's home).

Art. 6 Lists of benefits and healthcare providers

1. The lists mentioned in these special terms and conditions of insurance (e.g. list of recognised alternative medicine therapists or insured preventive measures) are available on the insurer's website or can be provided at the person's request.
2. The lists valid at the time of treatment or use of a benefit are decisive.
3. These lists may be modified at any time by the insurer. Such a change in the list does not give the policyholder the right to terminate the contract.

Art. 7 Changes to co-payments

1. The insurer may adjust the co-payments for alternative medicine benefits each year in the event of a significant increase in the number of alternative medicine providers or emergence of new types of providers, in accordance with Art. 36 of the general terms and conditions of insurance (CGC).
2. The insurer must inform the policyholder of the new provisions of the contract at least 30 days before the expiry of the insurance period.
3. In the event of an increase in the co-payment, the policyholder has the right to terminate the insurance contract, with effect from the end of the current insurance period, within 30 days of receiving the policy or being notified of the increase. Notice of termination must have been received by the insurer within 30 days. If the policyholder does not terminate the contract, the changes made to the co-payment will be deemed to have been accepted.

Art. 8 Premiums

1. 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. The relevant age groups are as follows:
 - 0 to 15 years;
 - 16 to 18 years;
 - 19 to 25 years;
 - from ages 26 to 85, age groups are graduated in five-year brackets.
2. In principle, a change in age group leads to an automatic increase in the premium.

Art. 9 Family discount

1. A family discount may be granted on the premium for children up to the age of 18 if they and at least one of their parents are insured with "Premium" insurance (edition: 01 Sep 2024).
2. The family discount shall be withdrawn as soon as the conditions for granting it as set out in para. 1 are no longer met.
3. Pursuant to Art. 26a, para. 2, letter d of the general terms and conditions of insurance (CGC), the insurer may change or withdraw the family discount at any time, with effect from the end of the current calendar year at the latest.