

Special Terms and Conditions for Dental Care Insurance (Dentaire Plus)

DP

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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

- Category DP («Dentaire Plus» dental care insurance) provides dental care benefits, against payment of the corresponding premiums, in accordance with these Special Terms and Conditions.
- Benefits payable under this insurance are supplemental to compulsory insurance benefits.

Art. 2 Eligibility, acceptance

- DP insurance coverage, in classes 1, 2 and 3, is open to all persons under 60. Class 0 coverage is open only to persons between 0 and 18 years' old.
- Acceptance is based on a form issued by the Insurer and signed by the applicant or the applicant's legal representative, together with a medical certificate issued by a dentist holding a federal diploma or an equivalent degree recognised in Switzerland.
- The Insurer will pay the dentist's fee for the certificate, up to a maximum of CHF 75.

Art. 3 Benefits

- DP insurance covers:
 - dental and facial orthopaedic treatment;
 - dental treatment by a qualified dentist;
 - laboratory costs
 up to the following limits per year:

Class 0: 75% of the amount invoiced based on the tariff, up to maximum CHF 15,000 per calendar year for the benefits described under (a) above, up to the insured's 18th birthday.

Class 1: 75% of the amount invoiced based on the tariff, up to maximum CHF 1,000 per calendar year for the benefits described under (a), (b) and (c) above.

Class 2: 75% of the amount invoiced based on the tariff, up to maximum CHF 3,000 per calendar year for the benefits described under (a), (b) and (c) above.

Class 3: 75% of the amount invoiced based on the tariff, up to maximum CHF 15,000 per calendar year for the benefits described under (a), (b) and (c) above.

- Only treatment provided by recognised practitioners, within the meaning of LAMal/KVG, is covered.
- Benefits up to the insured amount are granted in the event of dental damage caused by an illness or an accident.

Art. 4 Entitlement to benefits

- An insured shall be immediately entitled to benefits for dental treatment following accidents which occur after the policy comes into effect.
- Subject to Article 4(1) and (3), benefits are payable by the Insurer after a waiting period of three months.
- For classes 1 to 3, benefits for orthodontic treatment (tooth replacement, crowns, pivots, bridges, partial or full prostheses, etc.) are granted immediately after the DP insurance comes into effect in the case of accidents; in all other cases, the entitlement to benefits is subject to a 12 month waiting period.
- When an insured withdraws from DP coverage, he loses all claims under the insurance, including for subsequent treatment.
- Where dental benefits under SC, SB, GL, GM and GP supplemental insurances overlap with DP (Dentaire Plus) dental benefits, the latter are payable first.

Art. 5 Prophylaxis

In classes 1 to 3, a contribution of CHF 75 is payable once a year for a prophylactic dental check-up.

Art. 6 Benefits abroad

Subject to the Insurer's prior consent, treatment abroad will be covered provided the foreign medical practitioners have equivalent qualifications to Swiss qualifications and that the costs do not exceed what would have been charged in Switzerland.

Art. 7 Exclusions

1. There is no entitlement to benefits for the replacement of any teeth which were already missing when the DP insurance was contracted, or for the subsequent replacement or modification of any teeth which had already been replaced at that time, except in the case of accidents occurring after the policy comes into effect.
2. DP insurance does not cover any dental treatment which is required as a result of an accident which took place before the insurance was contracted.
3. The Insurer reserves the right to exclude treatment which was already contemplated when the insurance proposal was signed.
4. For treatment in respect of which the AI/IV or AMF/MV compulsory accident insurance or a third party are required to pay benefits, the Insurer will not pay any DP benefits even if the insured is required to bear a portion of the cost of such treatment.

Art. 8 Reference tariff

The reference tariff for the calculation of benefits under these Special Conditions is the official LAA/UVG tariff (nomenclature and point values).

Art. 9 Claims procedure

1. As the debtor of the invoice, the insured remains liable for payment vis à vis the dentist.
2. The Insurer grants benefits on the basis of detailed invoices only, taking into account the positions covered by the insurance (invoice for the reimbursement of medical and dental costs issued by SSO - Société suisse d'odontostomatologie). At the Insurer's request, especially in complex cases, the insured shall provide all requisite indications enabling the Insurer to calculate benefits. If such indications are not provided, the Insurer shall set the amounts based on its own estimate. If the invoice does not show the work done, the Insurer shall not be obliged to pay benefits.
3. Accidents must be declared in writing to the Insurer within six days. If there is a delay in declaring an accident, the Insurer may unilaterally decide not to pay any benefits for the relevant case.

Art. 10 Premium

Age groups are graduated in five-year brackets. An insured person who reaches the last year of his age group during the year will be automatically transferred into the next age group at the beginning of the following calendar year.

Art. 11 Cancellation of exclusions

The insured may apply for an exclusion to be cancelled by presenting a certificate, issued at his expense, confirming that the diseased teeth have been repaired, replaced or extracted.

Art. 12 Transfer to another insurance class

1. For class 0, coverage ceases at the end of the calendar year coinciding with the insured's 18th birthday. On 1 January of the year after his class 0 coverage ceases, the insured will automatically be transferred to class 1 provided he is not already insured under class 1, 2 or 3; in that case, the waiting period referred to in Article 4(2) and (3) of these Special Conditions is not applicable.
2. The insured may refuse such transfer by written notice to the Insurer within 30 days of the receipt of the new policy.