

Special Terms and Conditions for Hôpital senior insurance

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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

The insurance covers the economic consequences of illness and accident.

Art. 2 Insurance classes

Hôpital senior insurance offers four classes of coverage:

Class 1

Free choice in the general ward or psychiatric facility of a recognised Swiss hospital, for treatment of acute conditions. Room and board supplement for a room with two beds in a Swiss hospital recognised by the Insurer for this benefit, subject to any hospital provisions.

Medical care in the general ward without free choice of doctor.

Class 2

Free choice in the general ward or psychiatric facility of a recognised Swiss hospital, for treatment of acute conditions. Room and board supplement for a room with one bed in a Swiss hospital recognised by the Insurer for this benefit, subject to any hospital provisions.

Medical care in the general ward without free choice of doctor.

Class 3

Semi-private general or psychiatric ward (room with two beds), in a recognised Swiss hospital, for treatment of acute conditions.

Class 4

Private general or psychiatric ward (room with one bed), in a recognised Swiss hospital, for treatment of acute conditions.

Art. 3 Deductibles

Persons insured in classes 3 and 4 may select one of the following deductibles:

- no deductible;
- CHF 2,000 per calendar year; for the premium to be reduced by 10%;

- CHF 5,000 per calendar year; for the premium to be reduced by 25%;

Switching to a lower deductible is not authorised throughout the duration of the contract.

Art. 4 Eligibility

- Hôpital senior insurance is open to all persons, without any age limit.
- The Insurer may ask for a medical certificate to be issued, at its expense, by the attending doctor or a doctor designated by the Insurer.
- The Insurer may make exclusions (Article 8 CGC) or refuse the application. Exclusions will be communicated to the insured in advance; a policy containing exclusions is subject to the written consent of the insured.

Art. 5 Entitlement to benefits

- During the first year of insurance (12 months), the Insurer only covers hospitalisation in a general ward in Switzerland.
- After the first year, entitlement to benefits under Hôpital senior insurance comes into force, in accordance with the class selected by the insured.
- Benefits are imputed by treatment date in one calendar year. Costs incurred after entitlements are exhausted cannot be carried forward to the following year.
- Where provided for by these insurance conditions, the Insurer reimburses expenses not covered by the compulsory health insurance when the benefits are provided by a doctor or person duly authorised and recognised by the health insurance legislation. Under no circumstances shall the insurance benefits regulated by these terms and conditions be used to cover co-insurance payments and deductibles under compulsory health insurance or other supplemental insurances.

Art. 6 Insured benefits

1. Hospitalisation

1. General

In case of hospitalisation, Hôpital senior will cover treatment and room and board costs in accordance with the selected coverage class.

Benefits under Hôpital senior insurance are supplemental to compulsory insurance benefits.

2. Hospitalisation abroad

If an insured falls ill or has an accident abroad and has to be hospitalised there, the Insurer will grant him, for no more than 60 days per calendar year and within the limits of the selected coverage, the following benefits:

- a. Class 1: maximum CHF 500 per day
- b. Class 2: maximum CHF 500 per day
- c. Class 3: maximum CHF 1,000 per day
- d. Class 4: maximum CHF 1,500 per day.

Voluntary treatment abroad is not covered unless the Insurer gives its prior consent.

3. Hospitalisation in another ward

If an insured with class 3 coverage is hospitalised in a ward covered by class 4, the following maximum benefits will be granted to him: 80% of room and board and treatment costs.

2. Groupe Mutuel Assistance

Benefits specified in the operating conditions of Groupe Mutuel Assistance (repatriation and transport if the insured event occurs more than 20 km from the insured's domicile) are provided. See the special terms and conditions of Groupe Mutuel Assistance.

3. «LeClub» advantages

By subscribing to Hôpital senior insurance, the insured will benefit from the following «LeClub» advantages:

1. Discounts in hotels

Discounts are available in hotels appearing on a list maintained by the Insurer.

2. Discounts in chemists, pharmacies and other stores

Discounts are available in chemists and pharmacies and in other stores appearing on a list maintained by the Insurer.

Art. 7 Scope and duration of benefits

Hôpital senior benefits are reimbursed subject to the following provisions:

- a. The Insurer reimburses the costs of treatments recognised by the LAMal/KVG, room and board in hospital and medical expenses, in accordance with tariff agreements or cantonal regulations or any other agreement concluded with the Insurer.
- b. If an insured is hospitalised in a hospital with which the Insurer has not concluded a tariff agreement for room and board and treatment costs, the following maximum benefits will be granted to him, within the limits of the selected coverage:

Classes 1 and 2: CHF 200 per day;

Class 3: CHF 400 per day;

Class 4: CHF 600 per day.

Article 6 (1)(3) is not applicable.

c. This insurance does not include coverage for organ transplants covered by flat rates agreed by the SVK (Fédération suisse des tâches communes des assureurs maladie, Solothurn). This rule also applies to hospitals which are not bound by flat-rate agreements.

d. The entitlement to benefits ceases as soon as the insured's condition is no longer acute.

e. After 60 days of hospitalisation in a psychiatric facility in a single calendar year, benefits under Hôpital senior insurance are no longer payable.

f. After 90 days of hospitalisation in a single calendar year, benefits under Hôpital senior insurance are no longer payable. The duration of any benefits paid abroad or of any benefits paid for treatment in psychiatric facilities (60 days) is imputed to the aforesaid 90-day limit.

Art. 8 Payment of benefits

1. Insurance benefits are payable against presentation of the hospital invoice and the doctor's bill. The insured authorises the Insurer's medical adviser to ask the attending doctor for the diagnosis and for any other relevant information with a view to ascertaining the insured's entitlement to benefits.

2. Benefits are payable to the insured unless the Insurer is contractually required to make direct payment to the hospital.

Art. 9 Obligations of the insured

Before he is hospitalised, the insured shall check that the hospital, ward or clinic where he is to be treated is a facility recognised by the Insurer.

Art. 10 Premiums

1. Premiums are set in accordance with a progressive index depending on the insured's age. The index is 100 up to and including 55 years of age and increases by 7 points for each year of age; the determining age is the age reached during a calendar year.

2. Premiums are identical for men and women.

Art. 11 Cost-saving measures

If, at the Insurer's proposal or by his own decision, an insured in classes 3 or 4 waives his entitlement to hospitalisation in a semi-private or private ward and stays instead in a general or comfort ward, the Insurer may grant him an indemnity of up to 50% of the savings estimated by the Insurer, but not more than CHF 5,000 per hospitalisation.