

Special Terms and Conditions for «Global» Supplemental Insurance Coverage

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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 Eligibility

- Global supplemental insurance is open to persons of all ages.
- Insureds aged 0 to 18, i.e. until 31 December of the year coinciding with their 18th birthday, are granted the supplemental benefits described in Article 2, paragraph 2.2, under the heading Global Junior.
- From 1 January of the year coinciding with their 55th birthday, insureds are granted the supplemental benefits described in Article 2, paragraph 2.3, under the heading Global Senior.
- If a person has already contracted comparable coverage with another insurer and cannot for the time being terminate that insurance, he may join Global insurance exclusively for the benefits designated in Article 2, paragraph 2.4, under the heading Global Temporis.

Art. 2 Insured benefits

1. Global

The following benefits are covered supplementally to compulsory health insurance:

1. Hospitalisation

1. Insurance class

Free choice of recognised hospital facility in Switzerland, in general or psychiatric wards, for treatment of acute conditions.

2. Benefits

a. General principles

In case of hospitalisation, the Insurer covers the cost of treatment, and room and board.

b. Hospitalisation abroad

If an insured falls ill or has an accident and is hospitalised abroad, the Insurer will grant him a maximum daily allowance of CHF 500 for no more than 60 days per calendar year.

Voluntary treatment abroad cannot be covered without the Insurer's prior consent.

3. Scope and duration of benefits

Payment of hospitalisation benefits is subject to the following terms and conditions:

- The Insurer covers the cost of recognised treatments, within the meaning of LAMal/KVG, of hospital boarding costs and of physicians' fees in accordance with tariff agreements or cantonal regulations or any other agreement concluded with the Insurer.
- If an insured is hospitalised in a facility with which the Insurer has not concluded a tariff agreement for boarding and treatment costs (including medical fees), he will be allocated an allowance of CHF 200 per day within the limits of the general ward.
- The present insurance does not cover organ transplants for which the SVK (Fédération Suisse pour Tâches Communes des assureurs maladie, Solothurn) has agreed specific lump-sum rates. This rule also applies to hospital facilities not bound by agreed lump-sum rates.
- The entitlement to benefits ceases as soon as the condition is no longer deemed acute.
- For psychiatric facilities, coverage for hospitalisation benefits is limited to 60 days' hospitalisation in any given calendar year.

4. Obligations of the insured

Prior to each hospitalisation, the insured shall check that the facility, hospital ward or clinic where he is to be treated is recognised by the Insurer.

2. Supplemental treatment

The Insurer covers the following benefits within the limits stipulated in Article 3 (see table).

1. Restricted drugs

The applicable percentage of the cost of drugs not covered by compulsory health insurance, excluding pharmaceutical products for special application (LPPA/LPPV).

2. Non-reimbursable drugs

The applicable percentage of the cost of drugs which are not on any official list (LS-LMT) and are not covered by compulsory health insurance, excluding pharmaceutical products for special application (LPPA/LPPV).

3. Alternative medicine

The Insurer will cover the cost of the following therapies provided they are administered by a physician holding a Swiss degree or a natural therapy practitioner recognised by the Insurer.

The Insurer reserves the right to exclude certain natural therapy practitioners; a list of practitioners whose services are reimbursed is available to insureds.

Before each treatment, the insured person shall check that the practitioner of his choice is recognised by the Insurer

List of «alternative medicine» therapies

Naturopathy:

Acupuncture, aromatherapy, auriculotherapy, bioresonance, biotherapy, chromotherapy, nutritional counselling, electroacupuncture, geobiology, herbal medicine, homeopathy, iridology, colonic hydrotherapy, laser therapy, magnetic field therapy, magnetotherapy, morotherapy, oxygenotherapy, phytotherapy, sympathicotherapy, cupping.

Manipulation techniques:

Acupressure, lymphasizing, etiopathy, eurythmy, myofascial release therapy, postural integration, kinesiology, massage therapies, anthroposophic medicine, mesotherapy, metamorphosis, orthobionomy, osteopathy, polarity, energy balancing, reflexology, reiki, rolfing, shiatsu, trager, autogenic training.

Psychotherapy:

Bio-energetics, rebirthing, sophrology, Tomatis method.

– Voluntary changes in therapy or practitioner in the course of a treatment are subject to the Insurer's prior consent.

– Sophrology treatments will be reimbursed provided they are administered by a doctor, a doctor-sophrologist with an ASS diploma, or a sophrologist who is not a doctor but holds an ASS diploma.

4. Thermal cures in Switzerland

The Insurer will pay a contribution to the cost of medical spa treatment and to convalescence cures in recognised facilities for maximum 30 days per calendar year. An application accompanied by the medical prescription must be submitted to the Insurer at least 20 days before the start of the cure.

5. Thermal cures abroad

Subject to the Insurer's prior authorisation, contribution to the cost of medically necessary thermal cure treatment abroad.

An application accompanied by the medical prescription must be submitted to the Insurer at least 20 days before the start of the cure.

6. Tariff supplements

For outpatient treatment in Switzerland, the difference between the rates at the insured's place of work or residence, and those at the place of residence of the provider of health care services.

7. Personal expenses indemnity during hospitalisation

Against presentation of supporting invoices, a single indemnity payment will be allocated for each hospital stay lasting longer than eight days.

8. Hospital accomodation for family member

If the insured is hospitalised, the Insurer will cover the cost of hospital accommodation for one family member provided such cost is medically necessary.

9. Home help and placement cost

The following will be reimbursed subject to prior application:

– the percentage share of the cost of home help hired from an official service to attend to the insured's daily household and housekeeping tasks, provided such home help is medically necessary. All other costs are excluded (general cleaning etc.);

– the cost of temporary placement for family members cohabiting with the insured if the latter has to be hospitalised on medical grounds. Family members have to be placed with an official institution.

10. Glasses and contact lenses

The specified amount for the purchase of prescription glasses or contact lenses in Switzerland or abroad which is not covered by compulsory health insurance.

11. Auxiliary appliances

The cost of purchasing and renting medically prescribed orthopaedic equipment and auxiliary appliances (excluding dental prostheses) in accordance with the Insurer's list.

12. Childbirth preparation classes

The specified amount for painless childbirth preparation classes or childbirth preparation which is not covered by compulsory health insurance.

13. One-time breast-feeding indemnity

Breast-feeding indemnity provided the mother breast-feeds her baby for at least 30 days and that that duration is certified by the doctor or midwife. In cases of multiple births, an indemnity is paid for each child.

14. Ultrasound scans and mammographies

The specified amount for ultrasound scans and mammographies not covered by compulsory health insurance.

15. Vaccinations

Vaccination costs for vaccinations that are not included in the ordinance on compulsory health insurance benefits and which are necessary in Switzerland or are prescribed for trips abroad.

16. Elisa or HIV tests

The Insurer pays an annual contribution towards the cost of preventive tests prescribed and carried out by recognised health care providers.

17. Voluntary sterilisation

The specified percentage of the cost of the operation.

18. Dental treatment in case of accident

The specified amount for dental treatment not covered by compulsory health insurance provided such treatment is administered by a dentist or dental technician with a federal diploma. Dental costs are reimbursed in accordance with the official LAA/UVG tariff (nomenclature and point value).

19. Dental treatment in case of illness

The specified amount for dental treatment not covered by compulsory health insurance provided such treatment is administered by a dentist or dental technician with a federal diploma. Dental costs are reimbursed in accordance with the official LAA/UVG tariff (nomenclature and point value).

20. Transport costs

The Insurer will pay a contribution towards the cost of transport to the nearest hospital facility or doctor following an insured illness or accident provided such transport is medically necessary and is not covered by compulsory health insurance.

This contribution is only granted for transport by ambulance, helicopter or by a search and rescue action.

Public transport costs (bus or train) for outpatient treatment will also be reimbursed if such treatment serves to avoid hospitalisation.

21. Independent psychologists and non-doctor psychotherapists

The Insurer covers the cost of medically prescribed treatment administered by independent psychologists and non-doctor psychotherapists.

3. Groupe Mutuel Assistance

The benefits specified in the general terms and conditions of Group Mutuel Assistance (repatriation and transport if the insured event occurs more than 20 km from the insured's domicile).

4. Allowance in the event of death

A lump-sum benefit of CHF 2,000 will be paid to the insured's beneficiaries in the event of death following an illness or accident provided that, when he died, the insured was no younger than 3 and no older than 55 years' old.

A death certificate or another requisite document must be presented to the Insurer.

The Insurer may deduct any amounts owed to it by the deceased (premiums, co-insurance amounts, etc.) from the death benefit due to the beneficiaries.

The entitlement to death benefits expires, without further notice, two years after the insured's death unless a death certificate is presented beforehand.

2. Global junior

Supplemental benefits

a. Home care for sick children

Deviating from Article 1(2), this benefit is granted for children up to the age of 12. Benefits are payable if home care is provided by a person from an institution recognised by the Insurer and the parents are gainfully employed outside the home.

b. Contribution for sports

Against presentation of a supporting invoice, reimbursement of a share of the active member's fee in a sports club or association recognised by the Insurer.

3. Global senior

Supplemental benefits

a. Palliative care

The Insurer will pay a contribution to the cost of palliative treatment, i.e. medical and nursing care for persons at the end of life, administered at home by duly qualified persons under the supervision of an institution recognised by the Insurer.

A prior application must be submitted to the Insurer who will determine the amount of the contribution on a case-by-case basis. The contribution is set taking into account the overall cost of the treatment enabling the insured to stay at home.

b. Health and fitness cures

The Insurer pays an annual contribution for a health and fitness cure at recognised facilities offering a specific programme in the field.

c. Nutrition counselling and classes

The Insurer will pay an annual contribution to the cost of a nutrition counsellor and nutrition classes recognised by the Insurer.

4. Global temporis

a. Global Temporis provides temporary Global coverage to persons who have comparable coverage with another insurer.

b. Global Temporis covers the supplemental benefits described in sections 2.1.2, 2.1.3, 2.2 and 2.3; it does not cover the benefits contemplated in sections 2.1.1. (hospitalisation) and 2.1.4 (death benefit).

c. For the supplemental treatment covered by Global Temporis, benefits are equal to 30% of the benefits offered by Global.

d. Global Temporis benefits are payable in addition to those paid by the other insurer.

e. By granting an insured Global Temporis coverage, the Insurer simultaneously undertakes to extend to him full Global coverage, without a new medical examination, from the date indicated on the Global Temporis certificate. The transfer to full Global coverage must take place within three years at the latest.

f. Any participation by the Insurer in deductibles and co-insurance amounts of other insurers is excluded.

g. For the life of Global Temporis coverage, the premium is reduced compared with the Global premium.

h. Article 29(1) of the General Terms and Conditions of Supplemental Health and Accident Insurance granting the insured the right to terminate the policy is not applicable to the transfer from Global Temporis to Global coverage or the corresponding premium adjustment.

i. Any time limits applying to benefits paid under Global Temporis coverage will also count for the calculation of benefit entitlements after the transfer to Global coverage.

Art. 3 Scope of benefits

The benefits contemplated in Article 2 are payable within the limits and amounts indicated in the «Table of Global Benefits».

Art. 4 Entitlement to benefits

1. The insured is entitled to benefits as soon as the insurance policy comes into effect.
2. Entitlement to maternity and childbirth benefits commences upon completion of 12 months' insurance.
The term of coverage under Global Temporis does not count for calculating that entitlement.
3. Benefits are imputed to the annual insured sum chronologically, by order of treatment date. Costs incurred after entitlements are exhausted cannot be carried forward to the next year.
4. As provided in the present terms and conditions of insurance, the Insurer will reimburse any costs not covered by compulsory health insurance provided the treatment is carried out by a practitioner or a person who is duly authorised and recognised by the Insurer. Under no circumstances may the insurance benefits regulated by these terms and conditions be used for co-payments and deductibles under compulsory insurance or other supplementary insurance coverage.

Art. 5 Deductibles

Insureds have the following options:

- No deductible
 - A deductible of CHF 150 per calendar year.
- Global Temporis is concluded without deductible for its entire duration.

Art. 6 Advantages of «Le Club»

When he contracts Global insurance, the insured is entitled to all the advantages of «Le Club» membership including in particular:

1. Reduced rates in hotels
The Insurer keeps a list of the hotels offering reduced rates.
2. Rebates in drugstores, pharmacies and other shops
The Insurer keeps a list of the drugstores, pharmacies and other shops offering rebates.

Art. 7 Premium

When an insured person reaches the last year of his age group, he will be automatically transferred into the next age group at the beginning of the next calendar year. The applicable age groups are:

- from 0 to 18;
- from 19 to 25;
- from age 26, age groups are graduated in five-year brackets.

Type of benefits	Global 1	Global 2	Global 3	Global 4
Restricted drugs	70% max. CHF 800/calendar year	90% max. CHF 800/calendar year	90%, unlimited prescriptions	90%, unlimited prescriptions
Non-reimbursable drugs	70% max. CHF 800/calendar year	90% max. CHF 800/calendar year	90%, unlimited prescriptions	90%, unlimited prescriptions
Alternative medicine	max. CHF 70/session, up to CHF 2,000/calendar year	max. CHF 70/session, up to CHF 2,000/calendar year	max. CHF 70/session, up to CHF 3,000/calendar year	max. CHF 70/session, up to CHF 6,000/calendar year
Thermal cures in Switzerland	60% max. CHF 300	60% max. CHF 300	80% max. CHF 500/calendar year	80% max. CHF 750/calendar year
Convalescence cures	CHF 20/day max. 30 days/calendar year	CHF 20/day max. 30 days/calendar year	CHF 25/day max. 30 days/calendar year	CHF 25 day max. 30 days/calendar year
Convalescence cures following hospitalisation	CHF 40/day max. 30 days/calendar year	CHF 40/day max. 30 days/calendar year	CHF 50/day max. 30 days/calendar year	CHF 50/day max. 30 days/calendar year
Thermal cures abroad	no benefits	no benefits	50% max. CHF 500/calendar year	80% max. CHF 1,000/calendar year
Tariff supplements	no benefits	CHF 600/calendar year	CHF 800/calendar year	CHF 1,000/calendar year
Personal expenses indemnity in case of hospitalisation	CHF 100/case	CHF 100/case	CHF 200/case	CHF 200/case
Hospital accommodation for family member	CHF 500/calendar year	CHF 500/calendar year	CHF 600/calendar year	CHF 700/calendar year
Home help and placement cost	70% max. CHF 1,500/calendar year	90% max. CHF 1,500/calendar year	90% max. CHF 2,500/calendar year	90% max. CHF 3,000/calendar year
Glasses and contact lenses	CHF 100/3-year period	CHF 100/3-year period	CHF 150/3-year period	CHF 200/3-year period
Auxiliary appliances	70% max. CHF 300/calendar year	90% max. CHF 300/calendar year	90% max. CHF 1,000/calendar year	90% max. CHF 1,000/calendar year
Childbirth preparation classes	CHF 150/pregnancy	CHF 150/pregnancy	CHF 150/pregnancy	CHF 150/pregnancy
One-time breast-feeding indemnity	CHF 100/child	CHF 100/child	CHF 100/child	CHF 100/child
Ultrasound scans and mammographies	90%, unrestricted number of tests	90%, unrestricted number of tests	90%, unrestricted number of tests	90%, unrestricted number of tests
Vaccinations	70% max. CHF 150/calendar year	90% max. CHF 150/calendar year	90% max. CHF 200/calendar year	90% max. CHF 250/calendar year
Elisa or HIV tests	CHF 50/calendar year	CHF 50/calendar year	CHF 50/calendar year	CHF 50/calendar year
Voluntary sterilisation	60% max. CHF 300	80% max. CHF 300	80% max. CHF 400	80% max. CHF 500
Dental treatment: in case of accidents	60% max. CHF 4,000/case	80% max. CHF 4,000/case	80% max. CHF 6,000/case	80% max. CHF 8,000/case
Dental treatment: in case of illness.	60% max. CHF 100/3-year period	80% max. CHF 100/3-year period	80% max. CHF 150/3-year period	80% max. CHF 200/3-year period
Transport costs	60% max. CHF 1,000/calendar year	80% max. CHF 1,000/calendar year	80% max. CHF 2,500/calendar year	80% max. CHF 5,000/calendar year
Indep. psychologists and non-doctor psychotherapists	60% max. CHF 600/calendar year	70% max. CHF 600/ calendar year	80% max. CHF 700/calendar year	80% max. CHF 800/calendar year
Hospitalisation in Switzerland	public ward throughout Switzerland	public ward throughout Switzerland	public ward throughout Switzerland	public ward throughout Switzerland
Hospitalisation abroad	CHF 500/day	CHF 500/day	CHF 500/day	CHF 500/day
Lump-sum death benefit	CHF 2,000 death by illness or accident	CHF 2,000 death by illness or accident	CHF 2,000 death by illness or accident	CHF 2,000 death by illness or accident
Groupe Mutuel Assistance	Emergency medical assistance, support and repatriation for trips and stays abroad			
Global Junior (ages 0 to18)				
Home care for sick children illchild	CHF 200/calendar year	CHF 250/calendar year	CHF 300/calendar year	CHF 300/calendar year
Contribution for sports	CHF 30/calendar year	CHF 30/calendar year	CHF 30/calendar year	CHF 30/calendar year
Global Senior (from age 56)				
Palliative care	90% max. CHF 2,000/calendar year	90% max. CHF 2,500/calendar year	90% max. CHF 3,000/calendar year	90% max. CHF 3,000/calendar year
Health and fitness cures	CHF 300/calendar year	CHF 300/calendar year	CHF 300/calendar year	CHF 300/calendar year
Nutrition counselling and classes	50% max. CHF 150/calendar year	50% max. CHF 200/calendar year	50% max. CHF 250/calendar year	50% max. CHF 250/calendar year