

## Special Terms and Conditions for Supplemental Health Insurance Coverage

**SC**

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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

Supplemental health insurance is open to persons of all ages.

### Art. 2 Annual insured sums

The Insurer guarantees the benefits contemplated in these General Terms and Conditions up to the following annual amounts:

- coverage per calendar year: CHF 8,000 SC1
- coverage per calendar year: CHF 10,000 SC2
- coverage per calendar year: CHF 15,000 SC3
- coverage per calendar year: CHF 20,000 SC4

### Art. 3 Entitlement to benefits

- The insured is entitled to benefits as soon as the insurance policy comes into effect.
- Benefits payable under this insurance are supplemental to compulsory insurance benefits.
- Benefits are imputed to the annual insured sum. If an insured exhausts his insured sum, his entitlement will be renewed from 1 January of the next year. Costs incurred after entitlements are exhausted cannot be carried forward to the next year.
- If any benefits offered under the Vitalis insurance (SP), dental care insurance (DP) and dental cost insurance (TD) overlap with SC or SB supplemental health insurance benefits, the benefits payable under the latter shall be paid after SP, DP and TD supplemental benefits.

### Art. 4 Excessive fees and invoices

The Insurer reserves the right to contest fees and other invoices which it regards as being clearly excessive, and to limit its benefits. Are considered excessive, charges for ineffectual, inadequate or uneconomical treatment.

### Art. 5 Health care benefits

- As provided in these terms and conditions of insurance, the Insurer shall 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 governed by these terms and conditions be used for co-payments and deductibles under compulsory health insurance or other supplementary insurance coverage.
- The Insurer covers the following benefits within the limits stipulated in Article 6 (see table).
  - Restricted drugs (SC1, SC2, SC3 and SC4)  
The specified percentage of the cost of drugs not covered by compulsory health insurance with the exclusion of pharmaceutical products for special application (LPPA/LPPV).
  - Restricted drugs (SC1, SC2, SC3 and SC4)  
The specified 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).
  - Alternative medicine (SC2, SC3 and SC4)  
The Insurer will reimburse 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 counsel

ling, electroacupuncture, geobiology, herbal medicine, homeopathy, iridology, colonic hydrotherapy, laser therapy, magnetic field therapy, magnetotherapy, morphotherapy, oxygenotherapy, phytotherapy, sympathicotherapy, cupping.

Manipulation techniques:

Acupressure, lymphasizing, etiopathy, eurythmy, myofascial release therapy, postural integration, kinesiology, massage therapies, anthroposophic medicine, mesotherapy, metamorphosis, ortho bionomy, osteopathy, polarity, energy balancing, reflexology, reiki, rolling, 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 are 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. Osteopathy (SC1, SC2, SC3 and SC4)  
The specified percentage of the cost of treatment administered by a therapist recognised by the Insurer.
  5. Acupuncture, homeopathy, electro-acupuncture, sophrology (SC1, SC2, SC3 and SC4)  
The specified percentage of the cost of treatment not covered by compulsory health insurance, provided it is administered by a therapist recognised by the Insurer.
  6. Thermal cures in Switzerland (SC1, SC2, SC3 and SC4)  
Contribution to the cost of bath cure 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.
  7. Thermal cures abroad (SC3 and SC4)  
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.
  8. Tariff supplement (SC1, SC2, SC3 and SC4)  
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.
  9. Personal expenses allowance during hospitalisation (SC1, SC2, SC3 and SC4)  
Against presentation of the supporting invoices, a single indemnity payment will be allocated for each hospital stay lasting longer than eight days.
  10. Hospital accommodation for family member (SC1, SC2, SC3 and SC4)  
If the insured is hospitalised, the Insurer will cover the cost of hospital accommodation for one family member provided such cost is medically necessary.
  11. Home help and placement cost (SC1, SC2, SC3 and SC4)  
The following will be reimbursed on prior application:
    - The cost of home help hired from an official service to attend to the insured person'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.
  12. Glasses and contact lenses (SC2, SC3 and SC4)  
The specified amount for the purchase of prescribed glasses or contact lenses in Switzerland or abroad which is not covered by compulsory health insurance.
  13. Auxiliary appliances (SC1, SC2, SC3 and SC4)  
The cost of purchasing or renting medically prescribed orthopaedic equipment and auxiliary appliances (excluding dental prostheses) in accordance with the Insurer's list.
  14. Childbirth preparation classes (SC1, SC2, SC3 and SC4)  
The specified amount for painless childbirth preparation classes or childbirth preparation which is not covered by compulsory health insurance.
  15. One-time breast-feeding indemnity (SC1, SC2, SC3 and SC4)  
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 case of multiple births, an indemnity is paid for each child.
  16. Ultrasound scans and mammographies (SC1, SC2, SC3 and SC4)  
The specified amount for ultrasound scans and mammographies not covered by compulsory health insurance.
  17. Vaccinations (SC1, SC2, SC3 and SC4)  
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.
  18. Elisa or HIV test (SC1, SC2, SC3 and SC4)  
The Insurer will pay an annual contribution towards the cost of preventive tests prescribed and carried out by recognised health care providers.
  19. Voluntary sterilisation (SC1, SC2, SC3 and SC4)  
The specified percentage of operation costs.
  20. Dental treatment following an accident (SC1, SC2, SC3 and SC4)  
The specified amount for dental treatment not covered by compulsory health insurance provided such treatment is administered by a dentist with a federal diploma. Dental costs are reimbursed in accordance with the official LAA/UVG tariff (nomenclature and point value).
  21. Dental treatment in case of illness (SC2, SC3 and SC4)  
The specified amount for dental treatment not covered by compulsory health insurance provided such

treatment is administered by a dentist with a federal diploma. Dental costs are reimbursed in accordance with the official LAA/UVG tariff (nomenclature and point value).

22. Transport costs (SC1, SC2, SC3 and SC4)

The Insurer pays a contribution towards transport costs 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 are also reimbursed if such treatment is designed to avoid hospitalisation.

23. Independent psychologists and non-doctor psychotherapists (SC1, SC2, SC3 and SC4)

The Insurer covers the cost of medically prescribed treatment administered by independent psychologists and non-doctor psychotherapists. The entitlement to such benefits is cancelled once they are covered by compulsory health insurance.

24. Groupe Mutuel Assistance (SC1, SC2, SC3 and SC4)

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).

## **Art. 6 Scope of benefits**

The benefits contemplated in Article 5 are payable within the limits and amounts indicated in the table in annex.

## **Art. 7 Premium**

1. 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. The applicable age groups are:

- children: 0 to 18
- adults: 19 to 25
- from age 26, age groups are graduated in 5-year brackets.

2. The premium rate also takes into account the insured's age when he entered the insurance.

## **Art. 8 Deductibles**

1. Insureds may choose between the following options:

- no annual deductible
- annual deductible of CHF 50.

2. No deductible is charged on Groupe Mutuel Assistance benefits.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Type of benefits</b>				
<b>Restricted drugs</b>	90%, max. CHF 600 per calendar year	90%, max. CHF 800 per calendar year	90% of costs	90% of costs
<b>Non-reimbursable drugs</b>	90%, max. CHF 600 per calendar year	90%, max. CHF 800 per calendar year	90% of costs	90% of costs
<b>Alternative medicine</b>	no benefits	max. CHF 70 per session, CHF 2,000 per calendar year	max. CHF 70 per session, CHF 3,000 per calendar year	max. CHF 70 per session, CHF 4,000 per calendar year
<b>Thermal cures in Switzerland</b>	50%, max. CHF 250 per calendar year	60%, max. CHF 300 per calendar year	80%, max. CHF 500 per calendar year	80%, max. CHF 750 per calendar year
<b>Convalescence cures</b>	CHF 15 per day max. 30 days per calendar year	CHF 20 per day max. 30 days per calendar year	CHF 25 per day max. 30 days per calendar year	CHF 25 per day max. 30 days per calendar year
<b>Convalescence cures following hospitalisation</b>	CHF 30 per day max. 30 days per calendar year	CHF 40 per day max. 30 days per calendar year	CHF 50 per day max. 30 days per calendar year	CHF 50 per day max. 30 days per calendar year
<b>Thermal cures abroad</b>	no benefits	no benefits	50%, max. CHF 500 per calendar year	80%, max. CHF 1,000 per calendar year
<b>Tariff supplements</b>	CHF 500 per calendar year	CHF 600 per calendar year	CHF 800 per calendar year	CHF 1,000 per calendar year
<b>Personal expenses indemnity in case of hospitalisation</b>	CHF 100 per case	CHF 100 per case	CHF 200 per case	CHF 200 per case
<b>Hospital accommodation for family member</b>	CHF 400 per calendar year	CHF 500 per calendar year	CHF 600 per calendar year	CHF 700 per calendar year
<b>Home help and placement cost</b>	CHF 1,000 per calendar year	CHF 1,500 per calendar year	CHF 2,500 per calendar year	CHF 3,000 per calendar year
<b>Glasses and contact lenses</b>	no benefits	CHF 100 per 3-year period	CHF 150 per 3-year period	CHF 200 per 3-year period
<b>Auxiliary appliances</b>	90%, max. CHF 200 per calendar year	90%, max. CHF 300 per calendar year	90%, max. CHF 1,000 per calendar year	90%, max. CHF 1,500 per calendar year
<b>Childbirth preparation classes</b>	CHF 150 per pregnancy	CHF 150 per pregnancy	CHF 150 per pregnancy	CHF 150 per pregnancy
<b>One-time breast-feeding indemnity</b>	CHF 100 per child	CHF 100 per child	CHF 100 per child	CHF 100 per child
<b>Ultrasound scans and mammographies</b>	90% of cost	90% of cost	90% of cost	90% of cost
<b>Vaccinations</b>	90%, max. CHF 100 per calendar year	90%, max. CHF 150 per calendar year	90%, max. CHF 200 per calendar year	90%, max. CHF 250 per calendar year
<b>Elisa or HIV tests</b>	CHF 50 per calendar year	CHF 50 per calendar year	CHF 50 per calendar year	CHF 50 per calendar year
<b>Voluntary sterilisation</b>	80%, max. CHF 200 per calendar year	80%, max. CHF 300 per calendar year	80%, max. CHF 400 per calendar year	80%, max. CHF 500 per calendar year
<b>Dental treatment: in case of accidents</b>	80%, max. CHF 3,000 per case	80%, max. CHF 4,000 per case	80%, max. CHF 6,000 per case	80%, max. CHF 8,000 per case
<b>Dental treatment: in case of illness</b>	no benefits	80%, max. CHF 100 per 3-year period	80%, max. CHF 150 per 3-year period	80%, max. CHF 200 per 3-year period
<b>Transport costs</b>	50%, max. CHF 500 per calendar year	80%, max. CHF 1,000 per calendar year	80%, max. CHF 2,500 per calendar year	80%, max. CHF 5,000 per calendar year
<b>Indep. psychologists and non-doctor psychotherapists</b>	CHF 500 per calendar year	CHF 600 per calendar year	CHF 700 per calendar year	CHF 800 per calendar year
<b>Insured sum per calendar year</b>	<b>CHF 8,000</b>	<b>CHF 10,000</b>	<b>CHF 15,000</b>	<b>CHF 20,000</b>
<b>Groupe Mutuel Assistance</b>	Emergency medical assistance, support and repatriation for trips and stays abroad	Emergency medical assistance, support and repatriation for trips and stays abroad	Emergency medical assistance, support and repatriation for trips and stays abroad	Emergency medical assistance, support and repatriation for trips and stays abroad