

Special Terms and Conditions for Hôpital senior insurance

HS

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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

1. The insurance covers the economic consequences of illness and accident (maternity excluded).
2. The insurance refunds benefits in the event of inpatient hospitalisation for stays in an acute care, psychiatric or rehabilitation facilities.

Art. 2 Insurance classes

Hôpital senior insurance offers four classes of coverage:

Class 1

General ward with room and board supplement for a room with two beds in a Swiss hospital facility 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

General ward with room and board supplement for a room with one bed in a Swiss hospital facility 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 ward in a Swiss hospital facility recognised by the insurer (room with two beds).

Class 4

Private ward in a Swiss hospital facility recognised by the insurer (room with one bed)

Art. 3 Deductibles

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

- a. no deductible;
- b. CHF 2,000 per calendar year, for the premium to be reduced by 10%;
- c. CHF 5,000 per calendar year, for the premium to be reduced by 25%.

Art. 4 Eligibility

Hôpital senior insurance is open to all persons residing in Switzerland, without any age limit.

Art. 5 Insured benefits

1. Hospitalisation

1. General

In case of hospitalisation, Hôpital senior will cover treatment (including medical fees) 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

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

Art. 6 Scope, duration and entitlement to benefits

Hôpital senior benefits are reimbursed subject to the following provisions:

- a. The insurer will pay the costs of recognised facilities or doctor, i.e. those with which the insurer has concluded a tariff agreement.
- b. If an insured person in class 1 or 2 receives benefits from a non-recognised facility, he will be entitled to the hotel supplement for the hospitalisation benefits actually invoiced, but up to a maximum of CHF 200 per night of hospitalisation.
- c. If an insured person in class 3 or 4 receives benefits from a non-recognised facility or doctor, he will be entitled, depending on the type of treatment (acute, rehabilitation or psychiatric) and the ward (semi-private or private), to the hospitalisation benefits actually invoiced, but not exceeding the amounts in Annex A, per night of hospitalisation. Article 5, paragraph 1(3) is not applicable.
- d. The list of healthcare providers and maximum amounts is available on the insurer's website or can be obtained on request. The list valid at the time of treatment is decisive.
- e. The list of healthcare providers can be amended at any time by the insurer. Such a change in the list does not give the policyholder the right to terminate the contract.
- f. 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.
- g. The entitlement to benefits ceases as soon as the insured's condition is no longer acute.
- h. After 60 days of hospitalisation in a psychiatric facility in a single calendar year, benefits under Hôpital senior insurance are no longer payable.
- i. 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.
- j. Benefits are allocated on the basis of treatment dates calendar year. Costs incurred after entitlements are exhausted can- not be carried forward to the following year.

Art. 7 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. 8 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. 9 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. 10 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.

Annex A

Maximum amounts reimbursed for hospitalisation benefits provided by facilities or doctors not recognised by the insurer (Art. 6, para. 1 letter c of these special terms and conditions of insurance).

Amounts per night of hospitalisation				
	Acute care		Rehabilitation and Psychiatry	
	Semi-private	Private	Semi-private	Private
Non-recognised doctor: Reimbursement of medical costs	CHF 500	CHF 500	CHF 0	CHF 0
Non-recognised hospital: Reimbursement of hospital costs	CHF 300	CHF 500	CHF 100	CHF 150
Non-recognised Hospital and Doctor: Total reimbursement – Medical costs – Hospital costs	CHF 800 – CHF 500 – CHF 300	CHF 1'000 – CHF 500 – CHF 500	CHF 100 – CHF 0 – CHF 100	CHF 150 – CHF 0 – CHF 150