

Special Terms and Conditions for Global flex Supplemental 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

Global flex insurance combines the basic module «Hospiflex», which allows the insured to choose freely between a general, semi-private or private ward when being admitted to hospital, with «Careflex», an optional supplemental healthcare module. Benefits are supplemental to those provided under the compulsory insurance LAMa/KVG (hereafter, AOS/OKP).

Art. 2 Eligibility

Global flex supplemental insurance is open to all persons under the age of 55.

Art. 3 Risks covered

Global flex benefits provide illness and accident coverage (maternity excluded).

Art. 4 «Hospiflex» – basic module

1. Choice of ward and co-insurance
 - For inpatient treatment (hospital stay exceeding 24 hours) in:
 - a hospital;
 - a psychiatric care facility; or
 - a rehabilitation facility;
 the insured is free to choose the hospital ward, along with the following co-insurance amounts:

Ward	Insured's co-insurance
General ward	CHF 0
Semi-private ward	CHF 400 per day, maximum CHF 4,000 per calendar year
Private ward	CHF 600 per day, maximum CHF 5,000 per calendar year

In calculating the number of hospitalisation days subject to co-insurance, the days on which the insured enters and leaves the hospital are deemed as full days when invoiced by the hospital facility.

If, during a calendar year, the insured chooses to be hospitalised in semi-private and private wards, the maximum annual limit of the private ward is taken into account.

2. Hospitals

So that Global flex benefits may be provided, hospitals must be recognised within the meaning of the Federal Law on Health Insurance – LAMa/KVG – (hospitals with a cantonal mandate) or have concluded a rate agreement with Groupe Mutuel Assurance GMA SA for the corresponding wards.

3. Scope and duration of hospitalisation benefits

Benefits are reimbursed subject to the following provisions:

- The Insurer reimburses the costs of treatments recognised by the LAMa/KVG, accommodation in hospital and medical expenses, in accordance with the agreement concluded with the Insurer or with the cantonal rate agreement.

- Hospital benefits are limited to the acute stage of the illness. The entitlement to benefits ceases once the condition is no longer considered acute, as in the treatment of stabilised or chronic conditions in particular, or if hospitalisation does not serve to improve the insured's health.

4. Psychiatric facilities

The entitlement to benefits is limited to 90 days per calendar year.

5. Stay in a rehabilitation centre

The entitlement to benefits is limited to 90 days per calendar year.

6. Hospitalisation abroad

- a. In case of emergency or medical necessity:

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. Co-insurance amounts defined in Article 4.1 are not applicable.

- b. Voluntary treatments abroad:

Coverage only with the Insurer's prior consent.

7. Organ transplants

This insurance does not cover organ transplantation for which the SVK (Fédération Suisse pour Tâches Communes des assureurs maladie, Solothurn) has agreed specific lump-sum rates (these costs are covered by the AOS/OKP). This rule also applies for hospitals with which no lump-sum rates have been agreed.

8. Rights and obligations of the insured in the event of hospitalisation

- The insured shall check that the facility, hospital ward or clinic where he is to be treated is a facility recognised by the Insurer.
- The insured shall notify the Insurer of the choice of the ward (general, semi-private or private) before being admitted.
- In emergency cases, when the insured is unable to choose the ward upon admittance, the Insurer guarantees benefits in a general ward.

Art. 5 «Careflex» – optional module

In addition to the basic module «Hospiflex» outlined in Article 4 of these Special Terms and Conditions, the insured may, at an additional premium, extend his insurance coverage to include the following benefits:

1. Benefits subject to an annual deductible of CHF 150

	Benefits	Description
Alternative medicine	90% unlimited	<ul style="list-style-type: none"> - Coverage of therapies according to the list below*. - The Insurer reserves the right to exclude some natural therapeutic practitioners. - The insured shall check that the therapist is a practitioner recognised by the Insurer.
Limited and unlisted drugs	90% unlimited	<ul style="list-style-type: none"> - Drugs not reimbursed under the AOS/OKP. - Exclusions: pharmaceutical products for special application (LPPA/LPPV) – www.lppa.ch.
Placement costs	90% unlimited	<ul style="list-style-type: none"> - Upon prior request to the Insurer, the cost of temporary placement and support for family members cohabiting with the insured if the latter has to be hospitalised - Family members have to be placed with an official institution. - During the insured's stay in hospital, the cost of a hospital bed for a family member if the family member's presence is medically justified.
Auxiliary appliances	90% unlimited	<ul style="list-style-type: none"> - Rental and purchase of medically prescribed orthopaedic equipment and auxiliary appliances (excluding dental prostheses) required by the insured for his daily activities, in accordance with the Insurer's list of auxiliary appliances.
Transport costs	90% unlimited	<ul style="list-style-type: none"> - To the nearest hospital or doctor provided such transport is medically required. - Type of transport reimbursed: ambulance, helicopter or search operation. - Public transport costs (train or bus) in connection with outpatient treatment designed to avoid hospitalisation are also reimbursed.
Free choice of doctor in Switzerland	90% unlimited	<ul style="list-style-type: none"> - Free choice of place of treatment in Switzerland for outpatient treatments within the meaning of the LAMaI/KVG. - Reimbursement of the difference between the rate applicable at the insured's place of work or residence, and the rate applicable at the place of residence of the healthcare provider.
Thermal cures in Switzerland	90% unlimited (max. 30 days per year)	<ul style="list-style-type: none"> - Treatment and room and board costs in thermal cure facilities approved by the Federal Ordinance on Healthcare Insurance benefits (OPAS/KLV). - Benefits are granted if they are prescribed by a doctor. - An application accompanied by the medical prescription shall be submitted to the Insurer at least 20 days before the start of the cure.
Convalescence cures in Switzerland	90% unlimited (max. 30 days per year)	<ul style="list-style-type: none"> - Treatment and room and board costs during convalescence cures in Switzerland in facilities recognised by the Insurer, provided that the convalescence was prescribed following a hospital stay. - An application accompanied by the medical prescription shall be submitted to the Insurer at least 20 days before the start of the cure.
Home help	90% (max. CHF 2,500 per year)	<ul style="list-style-type: none"> - Costs 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.). - Benefits are granted following hospitalisation and upon prior request to the Insurer. - No benefits are payable if the insured is recognised as disabled under the Federal Disability Insurance (AI/IV), receives a disability allowance or is staying in a hospital or at a cure or convalescence facility.
Medical glasses and contact lenses	CHF 150 per 3-year period	<ul style="list-style-type: none"> - Purchase price in Switzerland or abroad.
Meals-on-wheels	CHF 20 per day (30 days per year)	<ul style="list-style-type: none"> - Cost of meals-on-wheels delivered by an institution recognised by the Insurer to the insured's home upon medical prescription following a hospital stay.
Drugs for home delivery	Shipping costs	<ul style="list-style-type: none"> - Prescribed drugs delivered by a partner recognised by the Insurer.

2. Benefits not subject to a deductible

	Benefits	Description
Second opinion	90% unlimited	– Cost of a second medical opinion before hospitalisation . The doctor's bill must indicate «second opinion».
Mammographies	90% unlimited	
Vaccinations	90% unlimited	– Vaccinations required in Switzerland and recommended by the Federal Office of Public Health for trips abroad.
Preventive tests (HIV, Elisa)	90% unlimited	– Carried out by recognised healthcare providers .
Check-ups	90% unlimited max. 1 every 3 years	– Conducted by a doctor recognised by the Insurer, but no more than one check-up every three years .
Psychotherapy	2 sessions per year, max. CHF 140	– Treatments medically prescribed and dispensed by non-doctor psychotherapists and independent psychologists.
Dental check-up	max. CHF 75 per year	– Preventive annual check-up conducted by a dentist with federal qualifications.
Nutritional counselling	CHF 50 per session, max. 3 sessions every 3 years	– Carried out by consultants recognised by the Insurer, but no more than three nutritional counselling sessions every three years.
Health promotion	50% (max. CHF 200 per year)	– Back school, fitness and tobacco and alcohol detoxification cures in a facility or with a healthcare provider recognised by the Insurer . – If several measures promoting good health are taken in the course of a single calendar year, the maximum ceiling for reimbursement is CHF 200.
Groupe Mutuel Assistance	In case of emergency, in Switzerland or abroad	– 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's domicile, in Switzerland or abroad).

*List of «alternative medicine» therapies

Naturopathy

Acupuncture, aromatherapy, auriculotherapy, bioresonance, biotherapy, chromotherapy, electroacupuncture, geobiology, herbal medicine, homeopathy, iridology, colonic hydrotherapy, laser therapy, magnetic field therapy, magnetotherapy, moratherapy, oxygenotherapy, phytotherapy, sympathetic therapy, 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.

Other

Bio-energetics, rebirthing, sophrology, Tomatis method.

Art. 6 Entitlement to benefits

1. The benefits contemplated in Article 5 of these Special Terms and Conditions («Careflex» module) will be granted if such coverage is specifically indicated in the insurance policy.
2. Benefits are imputed by treatment date. Costs incurred after entitlements are exhausted (benefits subject to duration limits or reimbursement ceilings) cannot be carried forward to the following year.
3. The Insurer shall reimburse any costs not covered by the AOS/OKP within the limits of these Special Terms and Conditions provided the treatment is carried out by a doctor whose qualifications are recognised by Swiss law or by a person who is duly authorised and recognised by the Insurer. Under no circumstances shall the insurance benefits regulated by these terms and conditions be used to cover co-insurance payments and deductibles under the AOS/OKP or other supplemental insurances.

Art. 7 Premiums

An insured person who reaches the last year of his age group is automatically transferred into the next age group at the beginning of the following calendar year. The applicable age groups are:

- from 0 to 18;
- from 19 to 25;
- from ages 26 to 71, age groups are graduated in five-year brackets.

Premiums take into account the above age groups.