

# Overview of supplemental insurance products under LCA/WG



Groupe Mutuel

Health® Life® Patrimony® Corporate®





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# Global supplemental health insurances

## Risk-bearing Insurer: Mutuel Assurances SA – Martigny

Global supplemental insurance combinations ideally supplement compulsory health insurance with medical care and hospitalisation coverage.

### □ **GL Global, levels 1 to 3**

- **choice between 3 different coverage levels:** GL 1, 2 and 3;
- hospitalisation in a general ward in Switzerland;
- hospitalisation benefits for pregnancy and childbirth are subject to a 12 month waiting period from the date the contract comes into effect;
- reimbursement of listed alternative medicine treatments, thermal and convalescence cures, nonreimbursable drugs, glasses and contact lenses or correction, transport costs, home help, vaccinations, assistance abroad; there are maximum coverage limitations depending on the coverage level;
- **choice between 2 levels of deductible:** CHF 0 or CHF 150.

### □ **GM Global mi-privée**

- eligibility up to the applicant's 55th birthday;
- hospitalisation in semi-private ward in Switzerland;
- hospitalisation benefits for pregnancy and childbirth are subject to a 12 month waiting period from the date the contract comes into effect;
- reimbursement of listed alternative medicine treatments, thermal and convalescence cures, nonreimbursable drugs, glasses and contact lenses or correction, transport costs, home help, vaccinations, assistance abroad;
- choice between 5 levels of deductible on hospitalisation benefits: CHF 0, CHF 1,000, CHF 2,000, CHF 3,000 or CHF 5,000.

### □ **GP Global privée**

- eligibility up to the applicant's 55th birthday;
- hospitalisation in private ward in Switzerland (worldwide option available, with limited duration and coverage in accordance with the special conditions);
- hospitalisation benefits for pregnancy and childbirth are subject to a 12 month waiting period from the date the contract comes into effect;
- reimbursement of listed alternative medicine treatments, thermal and convalescence cures, nonreimbursable drugs, glasses and contact lenses or correction, transport costs, home help, vaccinations, assistance abroad;
- **choice between 5 levels of deductible on hospitalisation benefits:** CHF 0, CHF 1,000, CHF 2,000, CHF 3,000 or CHF 5,000.

### □ **GC Global confort, levels 1 to 3**

- **choice between 3 different coverage levels:** GC 1, 2 and 3;
- eligibility up to the applicant's 55th birthday;
- free choice of accommodation standard in 1 or 2-bed rooms in approved facilities across Switzerland (treatment as in general ward);
- hospitalisation benefits for pregnancy and childbirth are subject to a 12 month waiting period from the date the contract comes into effect;
- reimbursement of listed alternative medicine treatments, thermal and convalescence cures, nonreimbursable drugs, glasses and contact lenses or correction, transport costs, home help, vaccinations, assistance abroad; there are maximum coverage limitations depending on the coverage level;
- **choice between 2 levels of deductible:** CHF 0 or CHF 150.

### □ **GT Global temporis**

- option to immediately contract «Global» insurance coverage, for a temporary and limited coverage, at a reduced premium (valid for GL, GM, GP and GC coverage);
- possibility to contract such coverage at a later date without a new medical exam.

### □ **GO Global Solution, levels 1 to 3**

- › this coverage cannot be taken out individually but only within a group insurance plan.
- › **choice between 3 different coverage levels (basic module):** GO 1, 2, 3;
- › hospitalisation in a general ward, semi-private or private room, in Switzerland, depending on the chosen coverage level;
- › hospitalisation benefits for pregnancy and childbirth are subject to a 12 month non-availability period from the date the contract comes into effect;
- › for the 3 levels of benefits, reimbursement of listed alternative medicine treatments, non-reimbursable drugs, glasses and contact lenses or correction, transport costs, home help and preventive medical services (fitness, check-ups, vaccinations); there are maximum coverage limitations depending on the coverage level;
- › reimbursement of dental treatments as well as thermal and convalescence cures in Switzerland for levels 2 and 3; there are maximum coverage limitations depending on the coverage level;
- › reimbursement of emergency hospitalisation worldwide for the 3 levels (outpatient treatment and hospitalisation for treatments recognised under LAMal/KVG, transport costs, repatriation, search and rescue, visit of a family member) up to CHF 100,000 per year;

### › **3 optional modules:**

- › «Dentaire plus» option, classes 1 or 2: to enjoy even more advantageous dental care benefits;
  - › «Extended benefits» option: extension of the duration of benefits in case of hospitalisation for persons insured under level 3 (semi-private or private ward), medical aids, glasses, psychotherapy and maternity benefits for all three levels;
  - › «Emergency treatment abroad upgrade» option: coverage up to CHF 400,000 per calendar year.
- › **choice between 2 levels of deductible for levels 2 and 3:** CHF 0 or CHF 500 (insureds with level 3 may also opt for a CHF 1,000 deductible);
- › the insured may cancel the insurance after three years, for the end of a calendar year, subject to a one month notice period.

## Supplemental and special health insurances

Supplemental and special health insurances give you access to many benefits that are not reimbursed by compulsory health insurance.

### □ **SC Supplemental health insurance, levels 1 to 4**

- › **choice between 4 different coverage levels:** SC 1, 2, 3 and 4;
- › access to many benefits such as non-reimbursable drugs, listed alternative medicine treatments, thermal and convalescence cures, glasses and contact lenses or correction, transport costs, home help, vaccinations; there are maximum coverage limitations depending on the coverage level;
- › **deductible:** CHF 50.

# Hospitalisation insurances

Supplementing compulsory health insurance, hospitalisation insurance gives you access to improved comfort and higher coverage in Switzerland and abroad.

## □ HC Supplemental hospitalisation insurance, levels 1 to 4

- › eligibility up to the applicant's 60th birthday;
- › **choice between 4 different coverage levels:** HC 1, 2, 3 and 4:
  - › general ward in Switzerland (level 1);
  - › semi-private ward in Switzerland (level 2);
  - › private ward in Switzerland (level 3);
  - › private ward worldwide (level 4), with limited duration and coverage in accordance with the special conditions;
- › free choice of hospital facilities;
- › hospitalisation benefits for pregnancy and childbirth are subject to a 12 month waiting period from the date the contract comes into effect;
- › choice between 5 deductibles for levels 2, 3 and 4: CHF 0, CHF 1,000, CHF 2,000, CHF 3,000 or CHF 5,000.

## □ HB Supplemental hospitalisation insurance H-Bonus

- › eligibility up to the applicant's 60th birthday;
- › the insured chooses to stay in a general, semi-private or private ward upon being admitted to hospital;
- › the insured's contribution to costs depends on the ward (CHF 0 in a general ward, CHF 100 per day, maximum 30 days per calendar year in a semi-private ward and CHF 200 per day, maximum 20 days per calendar year in a private ward);
- › hospitalisation benefits in case of pregnancy and childbirth will only be paid after a waiting period of 12 months;
- › bonus system: two premium scales (80% and 100%) are applicable. Upon joining the insurance, the premium is equivalent to 80% of the ordinary premium. If an insured is hospitalised in a private or semi-private ward, the premium for the calendar year following the reference period will be equivalent to 100% of the ordinary premium, and this for three years.

## □ KH Lump-sum benefit insurance for hospitalisation

- › choice between 9 annual lump-sum benefits, to be decided in advance, designed to cover additional costs, such as home help or a nanny, in case of hospitalisation for more than 24 hours for inpatient treatment of an acute condition:
  - › Fr. 300.–      › Fr. 500.–      › Fr. 600.–
  - › Fr. 900.–      › Fr. 1'000.–      › Fr. 1'200.–
  - › Fr. 1'500.–      › Fr. 2'000.–      › Fr. 2'500.–
- › **exclusions:** maternity coverage, outpatient treatment, hospitalisation for treatments not recognised by LAMaI/KVG, semi-hospitalisation or hospitalisation exclusively covered by the LAA/UVG (compulsory accident insurance), AI/IV (disability insurance) or LAM/MVG (military insurance).

# Dental insurance

Dental insurance covers dental treatment by dentists and orthodontists.

## □ DP «Dentaire plus» dental care coverage

- **Choice between 5 different coverage levels:** DP1, 2, 3, 4 and 5,
- eligibility up to the applicant's 60th birthday,
  - Class 1: 75% of costs based on the LAA/UVG tariff, up to CHF 1,000 per calendar year;
  - Class 2: 75% of costs based on the LAA/UVG tariff, up to CHF 2,000 per calendar year;
  - Class 3: 75% of costs based on the LAA/UVG tariff, up to CHF 4,000 per calendar year;
  - Class 4: 75% of costs based on the LAA/UVG tariff, up to CHF 6,000 per calendar year;
- Class 5, which is supplemental to classes 1 to 4, offers, at an additional premium, the following coverage: for dental laboratory costs, 75% of costs based on the LAA/UVG tariff, up to CHF 1,000 per calendar year for illness and up to CHF 10,000 per calendar year for accidents;
- dental benefits are subject to a 1-month waiting period from the date the contract comes into effect for all dental treatments except prosthetics which are subject to a 6-month waiting period. Accident benefits are payable immediately;
- choice between 4 deductibles: CHF 0, CHF 200, CHF 350 or CHF 500; no deductible is levied on the contribution of CHF 75 per calendar year to a prophylactic check-up;
- exclusions: teeth already missing or replaced when coverage starts, treatments occasioned by an accident that occurred before coverage started, treatments for which LAA/UVG (compulsory accident insurance), LAI/IVG (disability insurance), LAM/MVG (military insurance) or a third party are liable, and treatments which were already anticipated when the insurance application was filed.

# Important information

Key points regarding supplemental insurance are summarised below. Other rights and obligations are set out in the general and special terms and conditions of insurance and in the LCA/VVG.

## Insurance proposal

The signing of an insurance proposal is not a request for an offer; it constitutes a formal declaration of the applicant's intent to contract one or more supplemental insurance policies with the Insurer. The applicant is bound to the Insurer in accordance with Article 1 LCA/VVG. The Insurer is free to accept the proposal, with or without exclusions, or to refuse it. Each insurance product is defined by appropriate special terms and conditions and is subject to an individual and separate contract.

## Minimum insurance terms

The minimum term of supplemental insurance is 5 years, except for Global Solution for which the minimum insurance term is 3 years. Save termination for the end of the minimum term, coverage is automatically renewed from one year to the next.

## End of insurance contract

The policyholder may terminate the contract:

- with 6 months' notice for the end of any calendar year (1 month for Global Solution insurance), but not before the end of the minimum insurance term;
- after each case of damage or loss paid by the Insurer, no later than 10 days after learning that the indemnity was paid. Insurance coverage expires 14 days after notice of termination to the Insurer;
- if premiums are modified, within 30 days of the receipt of the policy or notice of the modification;
- if the Insurer infringes its obligation to inform, in accordance with Article 3(a) LCA/VVG.

The Insurer may terminate the contract:

- if the insured fails to disclose, or falsely declares, an important fact (false statement/non-disclosure).

The insurance contract and entitlements to benefits cease:

- if the Insurer withdraws from the contract following the non-payment of premiums;
- at the death of the insured;
- if the insured transfers his residence abroad, at the end of the insurance term for which the premium was paid provided no other arrangements were agreed, at the conditions set out in Article 14 (d) of the General Terms and Conditions of Insurance (CGC).

## Eligibility

Eligibility for insurance may be subject to certain conditions (e.g. pre-existing illnesses, medical examination, applicant's age, etc.).

## Premiums

As a rule, premiums are graduated by gender, geographical region and by the following age groups: 0 to 18, 19 to 25, from age 26 to age 70, groups are graduated in 5 year brackets. A single group covers the 71 to 99 age bracket. 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 premium for the chosen product is specified in the insurance proposal, the offer and the insurance policy. If the premium is subject to change before coverage becomes effective, it will be stated in the policy.

## Obligations of the insured

### Obligation to reduce damages

In case of illness or injury, the insured must promptly undergo appropriate treatment. He is required to obey his doctor's instructions and avoid anything liable to worsen his condition. Before treatment, the insured needs to make sure that the chosen therapy, health care provider or the facility where he is to be treated are approved by the Insurer. Voluntary changes in therapy or practitioner in the course of a treatment are subject to the Insurer's prior consent.

### Obligation to notify – time limits

- if the insured is admitted to a hospital or clinic, the Insurer must be notified within 5 days at the latest. If the Insurer is required to guarantee coverage, it must be notified before admission;
- applications for approval of thermal and convalescence cures must be submitted to the Insurer together with the medical prescription at least 20 days before the start of the cure;
- the insured or the beneficiary must notify accidents to the Insurer promptly, within 10 days at the latest;
- in the event of the insured's death, the beneficiary must notify the Insurer within 30 days at the latest.



### Obligation to cooperate

Insureds must provide the Insurer with complete and truthful information about the insured event (illness, accident, maternity or litigation) and about any prior illnesses and accidents. The Insurer is entitled to make its own investigations and is authorised to contact third parties for that purpose. The insured person expressly authorises practitioners who provided treatment for the illness or accident, or on other occasions, to communicate the requisite information to the Insurer's medical advisor so that he may appraise the case. To that effect, the insured shall release them from their professional secrecy obligation.

### Payment of premiums, deductibles and coinsurance

Unless otherwise agreed (with an administrative surcharge), premiums are payable annually in advance and deductibles and coinsurance amounts are payable within 30 days of invoicing. In case of non payment after one reminder, the Insurer may suspend the insured's entitlement to benefits. Even if the premium is subsequently paid, the insured cannot claim benefits for events which occurred during the suspension.

### Start of contract and insurance coverage

The insurance contract is concluded as soon as the Insurer notifies the insured that it has accepted the proposal. Coverage commences on the effective date indicated on the insurance policy. Notwithstanding, the qualifying and waiting periods specified in special rules are applicable.

### Waiting periods and nonavailability periods

A number of benefits are subject to waiting periods which start running from the occurrence of the insured event giving rise to the entitlement to benefits. Other benefits are subject to non-availability periods which start running from the effective date of the relevant insurance policy.

### Change in coverage

The proposal for increased coverage of an insured risk (e.g. decrease in deductible or higher insured amount) within the same product is regarded as a proposal for a new insurance contract within the meaning of Article 1 LCA/VVG. The Insurer reserves the right to accept or refuse the proposal and to decide restrictions in accordance with the conditions and time limits set out in Article 1 LCA/ VVG. Contractual terms such as termination notice and waiting periods shall start to run anew and no acquired rights will be taken over from the earlier contract.

### Scope of coverage

The amounts, percentages, time limits and reimbursement conditions (e.g. medical prescription) are described in the special terms and conditions for each product, and in the synoptic table of products. Benefits for hospitalisation insurance are granted only for healthcare facilities recognised by the Insurer. For hospitalisation in healthcare facilities not recognised by the Insurer, benefits may be limited or denied. The applicable conditions are set out in the special terms and conditions for each product. In any case, before any hospitalisation, the insured is required to check with the Insurer whether the hospital facility is recognised by the latter. GL, GM, GC, GP, HB and HC insurance types contain restrictions on the reimbursement of benefits, either for hospitalisation in psychiatric facilities, for rehabilitation treatments or in case of emergency treatment abroad. For GM, GP, GC and HC insurance products, the duration of benefits is limited to 90 days in the general ward of a hospital. This restriction is extended to 180 days for insureds in a semi-private or private ward with GO insurance.

### Healthcare providers, cure facilities and health promotion measures approved by Groupe Mutuel

Links and practical criteria are available on the Insurer's website or can be sent to the policyholder or the insured person upon request.

Links and criteria are related to the following areas:

- > alternative medicine treatments
- > non-doctor psychotherapists and independent psychologists
- > convalescence cures
- > thermal cures
- > alcohol and tobacco detoxification cures
- > fitness centres
- > back exercise school

Benefits are covered depending on type of insurance and level of coverage.

The Insurer can change the criteria for the approval of facilities at any time.

Such modifications do not entitle policyholders to terminate the contract.

### Exclusions

Coverage is excluded for:

- > illnesses and accidents and their sequels existing before the insurance contract was concluded or occurring after the contract expires;
- > illnesses and accidents which are the fault of the insured, and the consequences of illnesses and accidents which are the fault of the insured, such as: attempted suicide, mutilation, alcoholism, substance abuse, drug-abuse, sex changes, hazardous activities, participation in brawls and fights, etc.;
- > the consequences of events of war abroad, unless such events catch the insured by surprise in the country where he is staying and provided the illness or accident occurs no more than 15 days after the beginning of the events;
- > other exclusions in respect of specific products.

An exhaustive list of exclusions is contained in the general and special terms and conditions of insurance. If the loss was caused by gross negligence on the part of the insured, the Insurer's liability shall be reduced proportionately.

### **Agents of Groupe Mutuel**

Groupe Mutuel authorised agents hold an accreditation card to be presented at each meeting.

### **Processing of personal data by the Insurer and its Agents**

The requested personal and administrative data (including health records) is designed to enable the Agent and the relevant insurer(s) to prepare an offer and process the insurance proposal (or proposals) for supplemental coverage in accordance with the Federal Law on Insurance Contracts (LCA/VVG) and the ensuing contract(s). The data will be used to appraise insurance risks and process claims, as well as for financial, statistical and contract administration purposes and for the administrative and financial follow-up between the Agent and the Insurer, and/or Groupe Mutuel, acting administratively on behalf of its member insurance companies. Personal and administrative data may also be used to determine your present and future insurance needs in the context of marketing campaigns.

The data compiled supplemental health insurance may be mathematically or statistically exploited by the Insurer and/or Groupe Mutuel, and its member insurance companies, and by authorised

intermediaries or other agents or partners for the purpose of offering products and services of possible interest to you. All such parties are bound to professional secrecy and are obligated to comply with statutory data protection rules.

Where necessary, the Insurer and/or Groupe Mutuel, may communicate the data to third parties involved in the implementation of the contract in Switzerland or abroad, and in particular to companies member of or managed by Groupe Mutuel and to co-insurers and reinsurers. By signing the insurance proposal, applicants authorise companies member of or managed by Groupe Mutuel, and any third parties mandated by the latter, to send them written information (in print, by email or post, SMS or other) and/or to contact them by phone with advice and guidance about any special offers and products proposed by Groupe Mutuel insurers in the personal insurance (LCA/VVG or other) and social insurance (LAMal/KVG, LAA/UVG, occupational benefits et alia) fields, and authorise their personal data to be processed and communicated for that purpose.

Personal data is generally stored in digital and/or print and/or scanned form. The data is preserved as long as required by law or as long as is necessary for administrative purposes, for the settlement of losses and claims, rights of objection and appeal, collection proceedings, the remuneration of the agent and/or the settlement of disputes between the Insurer, the insured, the agent or third parties.



## Customised insurance solutions

Groupe Mutuel brings together several independent companies active in health and accident insurance, as well as life, patrimony and corporate insurance (daily allowance, accident insurance, occupational benefits and supplemental health insurance). Find out more about our extensive range of benefits.

### For non binding personal advice

Monday to Thursday, from 08.00 to 12.00 and from 13.30 to 17.30  
(17.00 on Fridays and on the eve of public holidays)

**Hotline** 0848 803 777 | **Fax** 0848 803 112

**Web** [www.groupemutuel.ch](http://www.groupemutuel.ch) | [www.corporatecare.ch](http://www.corporatecare.ch)



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**Groupe Mutuel**

Rue des Cèdres 5 – P.O. Box – CH-1919 Martigny

Avenir Assurance Maladie SA – Easy Sana Assurance Maladie SA – Mutuel Assurance Maladie SA – Philos Assurance Maladie SA – SUPRA-1846 SA – AMB Assurances SA  
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