

Special Terms and Conditions for Global mi-privée 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) under the Federal Law on Insurance Contracts (LCA/VVG), whose edition is mentioned in the insurance policy.

Art. 1 Eligibility

1. Global mi-privée supplemental insurance is open to all individuals up to their 55th birthday.
2. 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.
3. 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.
4. If a person has already contracted comparable coverage with another insurer and cannot for the time being terminate that insurance, he may join Global mi-privée insurance exclusively for the benefits designated in Article 2, paragraph 2.4, under the heading Global Temporis.

Art. 2 Insured benefits

1. Global mi-privée

The following benefits are covered in addition to the compulsory health insurance:

1. Hospitalisation

1. Insurance class

Semi-private ward (room with two beds) of a recognised hospital facility in Switzerland, in general or psychiatric wards, for treatment of acute conditions.

2. Deductibles on hospitalisation benefits

- a. no deductible;
- b. CHF 1,000 per calendar year;
- c. CHF 3,000 per calendar year.

The selected deductible applies to hospitalisation-related benefits only.

3. Benefits

a. General

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

b. Hospitalisation in a private ward

If an insured is hospitalised in a ward which is higher than that covered by his insurance class, the following maximum benefits will be granted to him:

80% of room and board and treatment costs.

c. Hospitalisation abroad

If an insured falls ill or has an accident abroad and is hospitalised abroad, the Insurer grants him a maximum allowance of CHF 1,000 per day for no more than 60 days per calendar year.

Voluntary treatment abroad is not covered unless the Insurer gives its prior consent.

4. Maternity benefits

a. 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.

b. Interruptions of pregnancy and any other maternity-related benefits are subject to the waiting period specified in sub-paragraph (a).

c. Where childbirth involves a hospital stay of less than five days in a semi-private ward, the Insurer will grant insureds a daily allowance of CHF 250 for each day of avoided hospitalisation. Hospital stays invoiced on a global lump-sum basis do not qualify for this allowance. Sub-paragraph (a) is reserved.

d. In case of outpatient childbirth or childbirth at home, the insured is entitled to an allowance of CHF 800 subject to sub-paragraph (a).

e. If an insured person is hospitalised in a ward corresponding to her coverage level, the Insurer will also cover the newborn's hospital costs for the duration of the mother's stay in hospital provided the baby is also insured with the Insurer. Personal expenses are not covered. Sub-paragraph (a) is reserved.

5. Scope and duration of benefits

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

- a. The Insurer covers the cost of recognised treatments, within the meaning of LAMa/KVG, of hospital boarding costs and of doctors' fees in accordance with tariff agreements or cantonal regulations.
- b. If an insured is hospitalised in a hospital with which the Insurer has not concluded a tariff agreement covering room and board and treatment costs (including medical fees), he will be paid CHF 400 per day, within the limits of semi-private ward coverage.
Article 2.1.1(3)(b) is not applicable.
- c. 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.
- d. The entitlement to benefits ceases as soon as the condition is no longer deemed acute.
- e. For psychiatric facilities, coverage for hospitalisation benefits is limited to 60 days' hospitalisation in any given calendar year.
- f. Coverage for hospitalisation benefits is limited to 90 days' hospitalisation in any given calendar year. The duration of treatment abroad or in psychiatric facilities (60 days) is imputed to the foregoing 90-day limit.

6. 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.

7. Cost-saving measures

- If, at the Insurer's proposal or by his own decision, an insured waives his entitlement to hospitalisation in a private ward and instead stays in a general or comfort ward, the Insurer may grant him an indemnity of up to 50% of the savings estimated by the Insurer up to maximum CHF 1,500 per hospitalisation.
- In case of outpatient childbirth or childbirth at home, only Article 2.1.1(4)(d) applies.

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 doctor licensed to practice in Switzerland or by natural therapy practitioner recognised by the Insurer.

The Insurer reserves the right to exclude certain natural therapy practitioners and can provide to the insured a list of practitioners whose services are reimbursed.

Before each treatment, the insured shall verify that the practitioner who is to attend him is recognised by the Insurer.

List of alternative medicine therapies

Naturopathy

Acupuncture, aromatherapy, auriculotherapy, bio-resonance, biotherapy, chromotherapy, nutritional advice, electroacupuncture, geobiology, herbal medicine, homeopathy, iridology, colonic hydrotherapy, laser therapy, magnetic field therapy, magnetotherapy, morotherapy, oxygenotherapy, phytotherapy, sympathicotherapy and cupping.

Manipulation techniques

Acupressure, lymphatising, etiopathy, eurythmy, myofascial release therapy, postural integration, kinesiology, massage therapies, anthroposophic medicine, mesotherapy, metamorphosis, orthobionomy, osteopathy, polarity, energy balancing, reflexology, reiki, rolfing, shiatsu, trager, and 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 thermal cures and convalescence cures in recognised facilities for a maximum of 30 days per calendar year. An application accompanied by the medical prescription shall 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 indicated thermal cure treatment abroad. An application accompanied by the medical prescription shall 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 health care provider.

7. Personal expenses indemnity during hospitalisation

Against presentation of supporting invoices, a single indemnity payment will be allocated for each

- hospital stay lasting more than eight days.
8. Hospital accommodation for a 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 costs
The following will be reimbursed subject to prior application by the insured:
 - 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. Orthopaedic and prosthetic appliances
The cost of purchasing and renting medically prescribed orthopaedic equipment and auxiliary appliances (excluding dental prostheses) in accordance with the Insurer's list of reimbursable costs.
 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 breastfeeding indemnity
Breastfeeding indemnity provided the mother breastfeeds 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 mammograms
The specified amount for ultrasound scans and mammograms 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 licensed to practice in Switzerland.
Dental costs are reimbursed in accordance with the official LAA/UVG tariff (nomenclature and charge 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 licensed to practice in Switzerland. Dental costs are reimbursed in accordance with the official LAA/UVG tariff (nomenclature and charge 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).
- 2. Global Junior**
Supplemental benefits
- a. Home care for ill children
By way of derogation from Article 1, paragraph 2, this benefit is granted for children up to the age of twelve. 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 whose life is coming to an end, administered at home by duly qualified persons under the supervision of an institution recognised by the Insurer.
A prior application shall 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 that field.

c. Nutrition advisor and classes

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

4. Global Temporis

- a. Global Temporis provides temporary Global mi-privée coverage to persons holding 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 section 2.1.1. (hospitalisation).
- c. For the supplemental treatment covered by Global Temporis, benefits are equal to 30% of the benefits offered by Global mi-privée.
- d. Global Temporis benefits are payable in addition to those paid by the other insurer.
- e. By granting Global Temporis coverage to an insured, the Insurer simultaneously undertakes to extend to him full Global mi-privée coverage, without a new medical examination, from the date indicated on the Global Temporis certificate. The transfer to full Global mi-privée coverage must take place within two 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 mi-privée 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 mi-privée 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 mi-privée coverage.

Art. 3 Scope of benefits

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

Art. 4 Entitlement to benefits

1. The insured is entitled to benefits as soon as the insurance policy comes into effect.
2. 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.
3. 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 supplemental insurance coverage.

Art. 5 Advantages of «LeClub»

When he contracts Global mi-privée insurance, the insured is entitled to all the advantages of «LeClub» 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. 6 Premiums

When an insured person reaches the last year of his age group, he is 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.

Table of benefits under Global mi-privée

Type of benefits	Global mi-privée
Restricted drugs	90%, unlimited prescriptions
Non-reimbursable drugs	90%, unlimited prescriptions
Alternative medicine	max. CHF 70 per session, up to CHF 6,000 per calendar year
Thermal cures in Switzerland	80%, max. CHF 750 per calendar year
Convalescence cures	CHF 25 per day, max. 30 days per calendar year
Convalescence cures following hospitalisation	CHF 50 per day, max. 30 days per calendar year
Thermal cures abroad	80%, max. CHF 1,000 per calendar year
Tariff supplements	CHF 1,000 per calendar year
Personal expenses indemnity in case of hospitalisation	CHF 200 per case
Hospital accommodation for family member	CHF 700 per calendar year
Home help and placement cost	90%, max. CHF 3,000 per calendar year
Glasses and contact lenses	CHF 200 per three-year period
Orthopaedic and prosthetic appliances	90%, max. CHF 1,000 per calendar year
Childbirth preparation classes	CHF 150 per pregnancy
One-time breastfeeding indemnity	CHF 100 per child
Ultrasound scans and mammograms	90%, restricted number of tests
Vaccinations	90%, max. CHF 250 per calendar year
Elisa or HIV tests	CHF 50 per calendar year
Voluntary sterilisation	80%, max. CHF 500
Dental treatment: in case of accidents	80%, max. CHF 8,000 per case
Dental treatment: in case of illness	80%, max. CHF 200 per three-year period
Transport costs	80%, max. CHF 5,000 per calendar year
Indep. psychologists and non-doctor psychotherapists	80%, max. CHF 800 per calendar year
Hospitalisation in Switzerland	Semi-private ward throughout Switzerland
Hospitalisation abroad	CHF 1,000 per day
Groupe Mutuel Assistance	Emergency medical assistance, support and repatriation for trips and stays abroad
Global Junior (ages 0 to 18)	
Home care for ill children	CHF 300 per calendar year
Contribution for sports	CHF 30 per calendar year
Global Senior (from age 56)	
Palliative care	90%, max. CHF 3,000 per calendar year
Health and fitness cures	CHF 300 per calendar year
Nutrition advisor and classes	50%, max. CHF 250 per calendar year