

Special Terms and Conditions for Premium 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

The purpose of Premium insurance is to provide insured persons with specific benefits over and above compulsory health insurance (AOS/OKP) within the meaning of the Federal Law on Health Insurance (LAMal/KVG).

Art. 2 Risks covered

Benefits provide illness, accident and maternity coverage.

Art. 3 Acceptance conditions

Any person domiciled in Switzerland may apply for Premium insurance, to begin no later than his/her 70th birthday.

Art. 4 Entitlement to benefits and limitations

1. Benefits are payable according to treatment dates. Costs incurred after the expiry of entitlements (benefits subject to a limitation on duration or reimbursed amounts) cannot be carried forward to the next year.
2. If a medical treatment or alternative medicine treatment is no longer medically justified and no longer brings any therapeutic improvement, the insurer will inform the insured person of the reduction or end of the payment of benefits.
3. As provided for in these special terms and conditions of insurance, the insurer will reimburse any costs not covered by compulsory health insurance (AOS/OKP) provided the treatment is carried out by a practitioner or a person who is duly authorised and recognised by the insurer.
4. For the benefits “convalescence cures and thermal cures” and “home help and placement costs”, the insured person must apply to the insurer for advance payment.

5. Under no circumstances shall insurance benefits regulated by these terms and conditions be used to cover deductible and co-insurance payments (cost-sharing) under the AOS/OKP.
6. However, insurance coverage extends to the coverage of foreign statutory cost-sharing amounts for treatments provided outside Switzerland in accordance with the EU and EFTA or other international social security conventions and insofar as this is not prohibited by the law of the country in question.

Art. 5 Insured benefits

	Coverage	Description
Non-reimbursable drugs	90%	<ul style="list-style-type: none"> – Drugs not covered by the compulsory health insurance (AOS/OKP) and prescribed by a doctor or a healthcare provider recognised under LAMal/KVG or an alternative medicine therapist recognised by the insurer. – The insurer keeps a list of recognised alternative medicine therapists. – Restrictions: drugs on the list of pharmaceutical products for special application (LPPA/LPPV).
Cost of advice for drugs on the list of specialities delivered by the pharmacist without a prescription	90%	<ul style="list-style-type: none"> – Cost of advice provided by pharmacists recognised by the insurer for drugs on lists B+ or B- (Swissmedic classification) that are delivered without a prescription in accordance with Article 45 of the Ordinance on Medicinal Products (OMéd/VAM). – The insurer keeps a list of the recognised pharmacies.
Alternative medicine	90%, max. CHF 5,000 per calendar year, of which max. CHF 1,000 for massage treatments	<ul style="list-style-type: none"> – Therapies recognised by the insurer and carried out by a qualified doctor, or a natural treatment practitioner recognised by the insurer. – The insurer keeps a list of the recognised therapies and therapists.
Convalescence cures and thermal cures	90% max. 30 days per calendar year	<ul style="list-style-type: none"> – Treatment and board in the event of a convalescence cure in Switzerland following a stay in hospital, in facilities recognised by the insurer. – Treatment and board in the event of a thermal cure in spa facilities recognised under the Ordinance on Healthcare Insurance Benefits (OPAS/KLV). – Benefits are payable if the treatment is prescribed by a recognised doctor within the meaning of LAMal/KVG. – The insurer keeps a list of the recognised facilities. – Subject to revocation of the entitlement to benefits, a request for coverage and a medical prescription must be submitted to the insurer beforehand.
Medical glasses, contact lenses or surgical correction of vision	<p>Glasses and contact lenses</p> <ul style="list-style-type: none"> – children under 18, CHF 150 every year – adults from 19 years of age, CHF 500 every three years <p>Surgical correction of vision</p> <ul style="list-style-type: none"> – 90% participation, max. CHF 800 for the entire duration of the contract. 	<ul style="list-style-type: none"> – The specified amount for the costs of medical glasses or contact lenses which are not covered by the compulsory health insurance. – The contribution for surgical correction of vision is granted in addition to the costs of medically-prescribed glasses or contact lenses.
Medical aids and appliances	90%	<ul style="list-style-type: none"> – 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.
Mammographies	90%	<ul style="list-style-type: none"> – Mammographies which are not covered by compulsory health insurance.
Vaccines	90%	<ul style="list-style-type: none"> – Costs of vaccines not covered by the AOS/OKP basic health insurance, as well as those recommended by the Federal Office of Public Health (FOPH) when travelling abroad.
HIV preventive test	90%	<ul style="list-style-type: none"> – The costs of HIV preventive tests prescribed and carried out by recognised providers within the meaning of LAMal/KVG.
Check-ups	90%, max. CHF 1,800/every three years	<ul style="list-style-type: none"> – The costs of a check-up by a doctor. – Check-ups include: <ul style="list-style-type: none"> – a consultation with extended examination (height, weight, tension, advice and health promotion) – an electrocardiogram at rest and during exercise – an x-ray of the chest – a urinary status – hematochemical, glucose and cholesterol tests – a skin exam
Transport and search and rescue costs	90% (transportation) 90%, max. CHF 100,000/calendar year (search and rescue)	<ul style="list-style-type: none"> – Transport to the nearest hospital facility or doctor provided such transport is medically necessary. – This contribution is only granted for transport by ambulance or by helicopter or for a search and rescue operation. – The cost of transport (public or private) required for outpatient treatment is reimbursed up to the cost of public transport if it is justified by the importance of the side effects of the treatment or makes it possible to avoid a stay in hospital.
Psychotherapy	90% max. CHF 1,000/calendar year	<ul style="list-style-type: none"> – The cost of medically prescribed treatments not covered by the AOS/OKP administered by independent psychologists and non-doctor psychologists approved by the insurer. – The insurer keeps a list of the recognised associations.
Home care for sick children	90% max. CHF 300/calendar year	<ul style="list-style-type: none"> – For children up to the age of 12, reimbursement of the costs of childcare by the Red Cross or an official institution with the same purpose if the parents have a professional activity outside the home.

	Coverage	Description
Home help and placement costs	90% max. CHF 2,500/calendar year	<ul style="list-style-type: none"> – Expenses resulting from the medically necessary recruitment of a home help exercising this activity on a professional basis for his/her own account or that of a company or organisation and who takes care of the daily domestic and household chores in the place of the insured person, following hospitalisation due to illness or accident (maternity excluded). 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. Temporary placement of family members should be with an official care facility (temporary care unit, crèche, day care centre or day and/or night accommodation). – The insured person is required to obtain the insurer's prior consent.
Meals at home following hospitalisation	CHF 20/day, max. 30 days/calendar year	<ul style="list-style-type: none"> – Reimbursement of the costs of meals at home provided by an establishment, company or institution on a professional basis and on medical prescription.
Contraception and voluntary sterilisation	90%, max. CHF 500/calendar year	<ul style="list-style-type: none"> – Coverage of costs for contraceptive measures that require the intervention of a doctor (contraceptive implant, IUD, delayed progestins) or that are subject to an initial medical prescription (contraceptive pill, vaginal ring, patch). – Coverage of surgery costs in case of sterilisation.
Dental care	<p>Dental care 75%, max. CHF 500/calendar year</p> <p>Dento-facial orthopaedics for persons up to 18 years: 75%, max. CHF 3,000/calendar year</p>	<ul style="list-style-type: none"> – Reimbursement of the costs of: <ul style="list-style-type: none"> – dental treatment by a qualified dentist; – yearly prophylactic dental check-up; – crowns, bridges and prostheses; – laboratory tests. – For insured persons up to 18 years of age, the insurance coverage shall also cover dento-facial orthopaedics treatment. – Insured persons are immediately entitled to benefits for dental treatment following accidents which occur after the insurance comes into effect. – Coverage for prosthetic operations (tooth replacement, crowns, pivot teeth, bridges, partial prostheses or full dentures, etc.) following accidents is effective as soon as the insurance comes into effect; in other cases, not before a minimum insurance period of 12 months has lapsed. – For other dental treatments (including dento-facial orthopaedics), insurance benefits are granted at the earliest after three months of insurance. – The basis for the calculation of reimbursable benefits is the official LAA/JVG tariff (nomenclature and point value); surcharges may not exceed 50%.
Prevention and sports activities	<p>50%, max. CHF 500/calendar year</p> <p>90%, max. CHF 200/calendar year</p>	<p>Prevention</p> <ul style="list-style-type: none"> – Coverage of costs for the following services: <ul style="list-style-type: none"> – Back exercise school – Fitness centres – Training sessions for rehabilitation purposes under the guidance of a specially trained sports instructor, – Dietary advice (Fr. 50 per session, max. three consultations over three years), – Detoxification from tobacco or alcohol. – The insurer keeps a list of the recognised facilities/healthcare providers. <p>Sports activities and annual sports subscriptions.</p> <ul style="list-style-type: none"> – Reimbursement of the costs of sports club memberships or annual swimming pool and ski passes. – The insurer keeps a list of recognised sport disciplines.
Groupe Mutuel Assistance	As explained in the general terms and conditions of insurance of Groupe Mutuel Assistance.	<ul style="list-style-type: none"> – Coverage of 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).

Art. 6 Lists of healthcare providers

1. Lists of recognised service providers are available on the insurer's website or can be provided on request of the insured person.
2. The lists valid at the time of treatment or when using benefits are decisive.
3. In accordance with Art. 23 of the general terms and conditions for supplemental health and accident insurance (CGC), these lists can be changed by the insurer at any time.

Art. 7 Deductible

Insured persons can choose one of the following options:

- a. no annual deductible;
- b. annual deductible of CHF 200.

Art. 8 Premiums

1. Premiums are identical for men and women.
2. 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 age 0 to 15;
 - from age 16 to 18;
 - from age 19 to 25;
 - from age 26 onwards and up to 85 years, age groups are graduated in five-year brackets.
3. A change in age group will usually result in an automatic adjustment of the premium.

Art. 9 Family discount

1. A family discount may be granted on the premium for children up to the age of 18 if they and at least one of their parents are insured with Premium insurance.
2. The family discount shall be withdrawn as soon as the conditions for granting it as set out in paragraph 1 are no longer met.
3. In accordance with Art. 26(a), para. 2(d) of the CGC, the insurer may change or withdraw the family discount at any time, with effect from the end of the current calendar year.