

Special Terms and Conditions for SanaTel Insurance

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Art. 1 Insurance model

SanaTel insurance is a special form of compulsory health coverage offering a limited choice of healthcare providers within the meaning of Article 41 of the Federal Health Insurance Law (LaMal/KVG) and Articles 99 to 101 of the Ordinance on Health Insurance.

Art. 2 Eligibility

1. SanaTel insurance may be contracted by any person domiciled in the areas where it is offered by the Insurer.
2. Coverage may be contracted at any time effective on the first day of a month, providing that there is no legal deadline for changing insurance models.

Art. 3 Termination

Transfer to another form of insurance and a change of insurer are possible at the end of any calendar year subject to due notice in accordance with the time limits set in Article 7(1) and (2) of LAMal/KVG.

Art. 4 Obligations of the insured

1. Before having recourse to a medical service, the insured or a third party acting on his behalf (e.g. a parent for a child) is required to contact the medical call centre designated by the Insurer.
The medical call centre does not provide a diagnostic or therapeutic services; it gives medical advice and recommends follow-up treatment depending on the severity of the illness and the urgency of the health problem.
2. The insured is released from the advance notification obligation referred to in the preceding point in the following cases:

1. In case of an emergency medical visit in Switzerland or abroad.
Emergency means when the insured himself or a third party deems that his condition is life-threatening, or that it requires immediate medical attention. In that case, the medical call centre may be contacted afterwards, but in any event within 30 days at the latest.
2. For preventive gynaecological check-ups or ophthalmological treatment.

Art. 5 Premiums

A reduction may be given for SanaTel insurance coverage compared with standard health insurance or insurance with optional deductible.

Art. 6 Effect of non compliance with the insurance model

If the insured infringes his obligations under Article 4 of these Special Terms and Conditions more than twice in a single calendar year, the Insurer may exclude him from SanaTel coverage with effect at the end of any month, subject to 30 days' notice.

The insured will then be transferred, depending on his deductible, to a standard health insurance or a health insurance with an optional deductible.

Art. 7 Data transmission

1. To enable the medical call centre to identify the caller, the Insurer makes available to it such administrative data as: name, first name, insurance number, date of birth, gender, address and insurance coverage.

2. To enable the medical call centre to verify that the insured complies with his obligations under Article 4 of these Special Terms and Conditions, the medical call centre shall transfer to the Insurer all necessary data, such as the date and time of the call and the kind of the medical advice provided.
3. No sensitive personal data, within the meaning of the Federal Data Protection Law (LPD/DSG), will be communicated. Moreover, the employees of the medical call centre are bound by professional secrecy.

Art. 8 Liability

Liability for the medical advice dispensed lies exclusively with the medical call centre.

Art. 9 Withdrawal of insurance model

The Insurer may withdraw the SanaTel insurance model at any time subject to two months' notice for the end of a calendar year. In that case, the insured will be transferred, depending on his level of deductible, to a standard health insurance or a health insurance with an optional deductible.

Art. 10 Effective date

These regulations and the supplemental executory provisions for compulsory health insurance in accordance with LAMal/KVG (CGA) come into effect on 1 January 2016. These regulations may be amended at any time by the Insurer.