

Special Terms and Conditions for Bonus Supplemental Health Insurance Plan

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SBGA01-E10 – Edition: 01 Apr 2003

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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 insurance

The purpose of this insurance plan is to provide the insureds with specific supplemental benefits over and above their compulsory health insurance plan. By granting a no-claims bonus, it gives insureds greater responsibility and enables them to reduce their premiums (Article 8).

Art. 2 Acceptance conditions

The Bonus Supplemental Health Insurance Plan is open to all persons under the age of 60.

Art. 3 Insured benefits

Benefits under this insurance plan are supplemental to compulsory insurance benefits: (see Annex A which forms an integral part of these Special Terms and Conditions).

1. Benefits entering into account in calculating the bonus and deductible

1. Alternative medicine

The Insurer will cover the cost of the following therapies provided they are administered by doctors whose degrees are recognised under Swiss law or by natural therapy practitioners recognised by the Insurer. The Insurer reserves the right to exclude any natural therapy practitioners. 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, bioresonance, biotherapy, chromotherapy, electroacupuncture, geobiology, herbal medicine, homeopathy, iridology, colonic hydrotherapy, laser therapy, magnetic field therapy, magnetotherapy, morotherapy, oxygenothera-

py, phytotherapy, sympathicotherapy and cupping.

Manipulation techniques

Acupressure, lymphasizing, etiopathy, eurythmy, myofascial release therapy, postural integration, kinesiology, massage therapies, anthroposophic medicine, mesotherapy, metamorphosis, ortho bionomy, osteopathy, polarity, energy balancing, reflexology, reiki, rolfing, shiatsu, trager, and autogenic training.

Other

Bio-energetics, rebirthing, sophrology, Tomatis method. Voluntary changes in therapy or practitioner during treatment are subject to the Insurer's prior consent.

2. Restricted drugs

The allotted percentage of the cost of drugs which are not covered by compulsory health insurance except for the drugs on the list of pharmaceutical products for special application (LPPA/LPPV).

3. Non reimbursable drugs

The specified percentage of the cost of drugs which are not on the official lists of reimbursable drugs (LS-LMT) and are not covered by compulsory health insurance; excepted are the drugs on the list of pharmaceutical products for special application (LPPA/LPPV).

4. Accommodation for accompanying person; home for dependents

Subject to advance request to the Insurer, reimbursement of a percentage of the cost of a temporary home for family members cohabiting with the insured in the event the insured has to be hospitalised on medical grounds. The persons concerned must be placed with an official institution.

The Insurer will cover the cost of a hospital bed for a family member during the insured's stay in hospital provided the family member's presence is medically justified.

5. Disability medical equipment
The Insurer will cover the specified percentage of the rental or purchase cost for medically prescribed orthopaedic equipment and disability medical aids (excluding dentures) in accordance with the Insurer's list.
6. Transport expenses
The specified percentage of the cost of transport to the nearest hospital or doctor following an insured sickness or accident provided such transport is medically required and is not covered by basic health insurance. This contribution is only granted for transport by ambulance or by helicopter or for emergency rescue. Public transport costs (bus or train) for outpatient treatment designed to avoid hospitalisation are also reimbursed.
7. Outpatient treatment
Free choice of outpatient treatment in Switzerland within the confines of the LAMal/KVG and provided the health care provider is recognised by the Insurer. Reimbursement of the specified percentage of the difference between the rates applicable at the insured's place of work or residence and those applicable at the place of residence of health care provider.
8. Thermal cures in Switzerland
Reimbursement of the specified percentage of the cost of treatment and room and board in thermal cure facilities approved by the Insurer according to the list of recognised marine cure establishments of the Federal Ordinance on compulsory health insurance benefits (OPAS/KLV). Benefits will be reimbursed if they are medically necessary and prescribed by a doctor. An application accompanied by a medical prescription must be filed with the Insurer at least 20 days before the start of the cure.
9. Convalescence cures in Switzerland
Reimbursement of the specified percentage of the cost of treatment and room and board in case of convalescence cures in Switzerland in facilities recognised by the Insurer and provided that the convalescence is prescribed following hospitalisation. An application accompanied by a medical prescription must be filed with the Insurer at least 20 days before the start of the cure.
10. Home help
A lump-sum contribution to the cost 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 in the aftermath of a hospital stay relating to an illness or accident. All other costs are excluded (general cleaning etc.)
No benefits are payable if the insured person is declared disabled by the Federal Disability Insurance (AI/IV), receives an invalidity allowance or is staying in a hospital or at a cure or convalescence facility.
11. Glasses and contact lenses
The specified contribution to the cost of prescribed glasses or contact lenses in Switzerland or abroad which are not covered by compulsory health insurance.
12. Meals on wheels
The specified contribution to the cost of meals on wheels delivered by an institution recognised by the Insurer to the insured's home on medical prescription

following a hospital stay.

13. Drugs for home delivery
Reimbursement of shipping costs for prescribed drugs delivered by a partner recognised by the Insurer.

2. The following benefits do not affect the bonus calculation and are not subject to a deductible:

1. Groupe Mutuel Assistance
The benefits specified in the General Terms and Conditions of Group Mutuel Assistance, category ASS (repatriation and transport), will be reimbursed if the insured event occurs more than 20 km from the insured's domicile, in Switzerland or abroad.
2. Prevention
 1. Second opinion
Reimbursement of the specified percentage of the cost of a second opinion before hospitalisation from a doctor recognised by the Insurer. The doctor's bill must indicate «second opinion».
 2. Mammographies
The specified percentage of the cost of mammographies not covered by an insured's compulsory health insurance.
 3. Vaccinations
The cost of vaccinations which are not included in the Federal Ordinance on compulsory health insurance benefits (OPAS/KLV) but are required in Switzerland, as well as any vaccinations recommended by the Federal Office of Public Health for trips abroad.
 4. Preventive tests (HIV or Elisa)
Reimbursement of the specified percentage of preventive tests prescribed and carried out by recognised health care providers.
 5. Check-ups
Reimbursement of the specified percentage of the cost of no more than one check-up every three years conducted by a doctor recognised by the Insurer.
 6. Psychotherapy
Payment of the specified contribution to the cost of medically prescribed treatment dispensed by non-doctor psychotherapists and independent psychologists, up to no more than two sessions per year. These benefits are supplemental to compulsory health insurance.
 7. Annual dental check-up
The specified contribution to the cost of an annual preventive check-up conducted by a dentist with federal qualifications and not covered by compulsory health insurance.
 8. Nutritional counselling
The specified contribution to the cost of no more than three nutritional counselling sessions every three years with a consultant recognised by the Insurer.
 9. Health promotion
The Insurer covers the specified percentage, up to the maximum amount indicated in Annex A, of the fees invoiced by health care providers recognised by the Insurer for services designed to foster good health such as fitness, back school and tobacco

and alcohol detoxification cures in a recognised facility. If several measures promoting good health are taken in the course of a single calendar year, the maximum ceiling for reimbursement is CHF 200.

Art. 4 Entitlement to benefits

1. The insured is entitled to benefits from the effective date of the insurance policy.
2. Benefits are imputed chronologically following treatment dates. Costs incurred after entitlements are exhausted (benefits subject to time limits or reimbursement ceilings) cannot be carried forward to the next year.
3. The Insurer shall reimburse any costs not covered by compulsory health insurance, within the limits of the present Special Terms and Conditions, provided the treatment is carried out by a doctor or a person who is duly authorised and recognised by the Insurer. Under no circumstances may the insurance benefits governed by these Special Terms and Conditions be used to cover co-insurance payments and deductibles under compulsory insurance or other supplemental insurance.

Art. 5 Deductible

1. The benefits under Article 3.1 are subject to an annual deductible of CHF 150.
2. The benefits under Article 3.2 are not subject to a deductible.

Art. 6 Premiums

1. An insured 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 25 to 71, age groups are graduated in five-year brackets.
2. Premiums take into account the above-mentioned age brackets and the premium scale. Changes in the premium scale (according to Article 8) do not qualify as premium adjustments within the meaning of Article 29 of the General Terms and Conditions for Supplemental Health and Accident Insurance (CGC). Accordingly, insureds are not entitled to terminate their policy in that case.

Art. 7 Premium scale

1. For the year an insured joins and the following year, premium level 3 applies.
2. The following premium levels are applicable:

% of premium	Premium levels
100	5
90	4
80	3
70	2
60	1
50	0

Art. 8 Variation of premium scale

1. If, during a given reference period, the insured is not paid any of the benefits (amounts covered by the insurance and lower than the deductible) referred to in Article 3.1, his premium for the following calendar year will be calculated based on the immediately following (lower) premium level, provided he has not already reached the lowest level on the scale.
2. The period from 1 July to 30 June is the reference period for establishing whether an insured has been granted supplemental bonus health insurance benefits. The payment date by the Insurer is the decisive date for the allocation of benefits to the reference period.
3. If, during any given reference period, the insured is granted any amount higher than the deductible referred to in Article 5 by way of the benefits (amounts covered by the Insurer) referred to in Article 3.1, the premium for the following calendar year will be increased by one level. The premium level cannot be increased beyond level 5 or 100% of the ordinary premium.

Art. 9 Rights and obligations of the insured

1. If the Insurer receives an invoice more than six months after the invoice date and the insured has unduly benefited from a reduction in premiums, the Insurer shall be entitled to reduce its benefits by the amount of the unduly saved premium.
2. In the cantons applying a third-party payer system for the reimbursement of benefits, the insured may, within 30 days of receiving the Insurer's statement of account, repay to the Insurer the benefits paid in order to preserve his bonus entitlement.

Annex A

Types of benefits	Reimbursement
The following benefits affect the bonus calculation and are subject to a deductible of CHF 150:	
Alternative medicine	90% unlimited
Restricted drugs	90% unlimited
Non reimbursable drugs	90% unlimited
Accommodation for accompanying person; home for dependents	90% unlimited
Disability medical equipment	90% unlimited
Transport and rescue costs	90% unlimited
Free choice of doctor of outpatient treatment in Switzerland	90% unlimited
Thermal cures in Switzerland	90% unlimited (max. 30 days p.a.)
Convalescence cures in Switzerland	90% unlimited (max. 30 days p.a.)
Home help	90% (max. CHF 2,500 p.a.)
Glasses and contact lenses	CHF 150 per 3-year period
Meals on wheels after hospitalisation	CHF 20 per day, (max. 30 days per year)
Drugs for home delivery	Postage reimbursed
The following benefits do not affect the bonus calculation and are not subject to the deductible of CHF 150:	
Groupe Mutuel Assistance	For emergencies in Switzerland and abroad
Prevention	
Second opinion	90% unlimited
Mammographies	90% unlimited
Vaccinations	90% unlimited
Preventive tests (HIV, Elisa)	90%, unlimited
Check-up (once every 3 years)	90% unlimited
Psychotherapy	2 sessions per year, max. CHF 140
Annual dental check-up	max. CHF 75 per year
Nutrition counselling (max. 3 sessions over 3 years)	CHF 50 per session
Health promotion: back school, gym, tobacco and alcohol detoxification benefits	50%, max. CHF 200 p.a.