

## Special Terms and Conditions for Optimum supplemental health insurance

SOGA01-E1 – Edition: 01 Sep 2023

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The following provisions are subject to the General Terms and Conditions for Supplemental Health and Accident Insurance (GGC), whose edition is specified in the insurance policy.

### Art. 1 Purpose of the insurance

The purpose of Optimum 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 (LAMa/KVG).

### Art. 2 Risks covered

Benefits provide illness, accident and maternity coverage.

### Art. 3 Eligibility

Optimum insurance is open to all persons residing in Switzerland, without any age limit.

### 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 duration or reimbursement ceilings) cannot be carried forward to the next year.
2. If a medical treatment or alternative medicine treatment is no longer medically justified or no longer brings any therapeutic improvement, the insurer will inform the insured person of the reduction or the end of the payment of benefits.
3. As provided for in these special terms and conditions, 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 “convalescence and thermal cures” “home help” and “placement costs” benefits, the insured person must apply to the insurer in advance for payment.

5. Under no circumstances shall the insurance benefits regulated by these terms and conditions be used to cover deductibles and co-insurance payments under the AOS/OKP.
6. However, insurance coverage is extended to cover foreign statutory co-insurance amounts for treatments outside Switzerland pursuant to the EU/EFTA Agreement on the Free Movement of Persons or other international social security conventions and providing it is not prohibited by the law of the relevant country.

## Art. 5 Insured benefits

	Coverage	Description
<b>Non-reimbursable drugs and restricted medication</b>	90%	<ul style="list-style-type: none"> <li>Medication not covered by the compulsory health insurance (AOS/OKP) and prescribed by a doctor or a healthcare provider recognised under LAMa/KVG or an alternative medicine practitioner recognised by the insurer.</li> <li>Restrictions: medication on the list of pharmaceutical products for special application (LPPA/LPPV).</li> <li>The insurer keeps a list of the approved alternative medicine therapists.</li> </ul>
<b>Delivery of medicines at home</b>	Reimbursement of shipping costs.	<ul style="list-style-type: none"> <li>Coverage of shipping costs for prescribed medicines.</li> </ul>
<b>Alternative medicine treatments</b>	75%, max. CHF 3,000 per calendar year, of which max. CHF 500 per calendar year for massages	<ul style="list-style-type: none"> <li>Therapies recognised by the insurer and carried out by a qualified doctor or a natural treatment practitioner recognised by the insurer.</li> <li>The insurer keeps a list of the recognised therapies and therapists and reserves the right to exclude certain therapists at any time.</li> </ul>
<b>Convalescence and thermal cures</b>	90%, max. 30 days/calendar year	<ul style="list-style-type: none"> <li>Treatment and board in the event of a convalescence cure in Switzerland following a stay in hospital, in facilities recognised by the insurer.</li> <li>Treatment and board for thermal cures in health resorts recognised under the Ordinance on Healthcare Insurance Benefits (OPAS/KLV).</li> <li>Benefits are payable provided the treatment is prescribed by a recognised physician within the meaning of LAMa/KVG.</li> <li>Subject to revocation of the entitlement to benefits, an application for authorisation accompanied by the medical prescription must be submitted beforehand to the insurer at least 20 days before the start of the cure.</li> <li>The insurer keeps a list of the recognised facilities.</li> </ul>
<b>Medical glasses or contact lenses</b>	<b>Glasses and contact lenses</b> <ul style="list-style-type: none"> <li>children under 18, CHF 100/calendar year</li> <li>adults from 19 years of age, CHF 250 every three years</li> </ul>	<ul style="list-style-type: none"> <li>The specified amount for the purchase of medical glasses or contact lenses which are not covered by the compulsory health insurance.</li> </ul>
<b>Medical aids and appliances</b>	90%, max. CHF 2,000/calendar year	<ul style="list-style-type: none"> <li>The cost of purchasing and renting orthopaedic equipment and auxiliary appliances (excluding dental prostheses) prescribed by a doctor in accordance with the list drawn up by the insurer.</li> </ul>
<b>Mammographies and ultrasounds</b>	90%	<ul style="list-style-type: none"> <li>Mammographies and ultrasounds which are not covered by compulsory health insurance.</li> </ul>
<b>Preventive gynaecological examinations</b>	90%	<ul style="list-style-type: none"> <li>Preventive gynaecological examinations which are not covered by compulsory health insurance.</li> </ul>
<b>Vaccines</b>	90%	<ul style="list-style-type: none"> <li>Costs of vaccines not covered by the compulsory health insurance (AOS/OKP)</li> <li>Costs of vaccines recommended by the Federal Office of Public Health (FOPH) when travelling abroad and recognised by Swissmedic.</li> </ul>
<b>HIV preventive test</b>	90%	<ul style="list-style-type: none"> <li>HIV preventive tests prescribed and carried out by recognised providers within the meaning of LAMa/KVG.</li> </ul>
<b>Check-up</b>	90%, max. CHF 1,200 every three years	<ul style="list-style-type: none"> <li>The costs of a check-up by a doctor.</li> <li>Check-ups include: <ul style="list-style-type: none"> <li>a consultation with extended examination (height, weight, tension, advice and health promotion)</li> <li>an electrocardiogram at rest and during exercise</li> <li>an x-ray of the chest</li> <li>a urinary status</li> <li>hematochemical, glucose and cholesterol tests</li> <li>a skin exam</li> </ul> </li> </ul>
<b>Transport and search and rescue costs</b>	90% (transportation)  90%, max. CHF 75,000/calendar year (search and rescue)	<ul style="list-style-type: none"> <li>Transport to the nearest hospital facility or physician provided such transport is medically necessary.</li> <li>This contribution is only granted for transport by ambulance or by helicopter or for a search and rescue operation.</li> <li>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 hospitalisation.</li> </ul>
<b>Psychotherapy</b>	90%, max. CHF 500/calendar year	<ul style="list-style-type: none"> <li>The cost of medically prescribed treatments not covered by the AOS/OKP that are administered by independent psychologists and non-doctor psychologists approved by the insurer.</li> <li>The insurer keeps a list of recognised associations.</li> </ul>
<b>Correction of scars and protruding ears</b>	80%, max. CHF 3,000/calendar year	<ul style="list-style-type: none"> <li>Coverage of costs of correcting scars.</li> <li>For children up to the age of 18, reimbursement of the cost of correcting protruding ears.</li> <li>This coverage also extends to the consequences of illnesses and accidents that already existed when the contract was taken out.</li> </ul>

	<b>Coverage</b>	<b>Description</b>
<b>Home help, placement costs, support costs and care for sick children at home</b>	90%, max. CHF 2,500/calendar year, of which max. CHF 250/calendar year for home care for sick children	<ul style="list-style-type: none"> <li>- Costs resulting from the medically necessary engagement 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, following hospitalisation due to illness or accident (maternity excluded). All other costs are excluded (general cleaning, etc.).</li> <li>- The costs of temporary placement of family members living in the same household as the insured person and dependent on the insured person for reasons of age or health, during the period when the insured must, for medical reasons, be hospitalised or undergo outpatient surgery. 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).</li> <li>- In the event of hospitalisation of the insured person, the insurer will cover the cost of hospital accommodation for one family member provided such costs are medically necessary.</li> <li>- For children up to the age of 12, coverage of childcare costs by the Red Cross or an official institution with the same purpose when the insured child is ill and the parents have a professional activity outside the home.</li> </ul> <p>The insured person is required to obtain the insurer's prior consent.</p>
<b>Second opinion</b>	90%	<ul style="list-style-type: none"> <li>- Costs resulting from a second medical opinion given by a doctor before hospitalisation. The words "second opinion" must be indicated on the invoice.</li> </ul>
<b>Meals at home following hospitalisation or outpatient surgery</b>	CHF 20/day, max. 30 days/calendar year	<ul style="list-style-type: none"> <li>- Reimbursement of the costs of meals at home provided by an establishment, company or institution on a professional basis and on medical prescription.</li> </ul>
<b>Comfort upgrade, hotel accommodation, transport or parking costs in the event of outpatient surgery</b>	CHF 150/calendar year	<ul style="list-style-type: none"> <li>- When the insured undergoes outpatient surgery, the insurer will pay the following costs: <ul style="list-style-type: none"> <li>- upgrade invoiced by the facility where the outpatient surgery is performed;</li> <li>- accommodation of the insured person and accompanying persons, in a hospital or hotel, for the night preceding and/or directly following the treatment;</li> <li>- transport of the insured person from his home to the relevant healthcare provider (journey to and/or from the home with public transport or a taxi);</li> <li>- parking costs.</li> </ul> </li> </ul>
<b>Dental care</b>	75%, max. CHF 150/calendar year	<ul style="list-style-type: none"> <li>- Reimbursement of the cost of: <ul style="list-style-type: none"> <li>- dental treatment by a qualified dentist;</li> <li>- a yearly prophylactic dental check-up;</li> <li>- crowns, bridges and prostheses;</li> <li>- laboratory tests.</li> </ul> </li> <li>- Dento-facial orthopaedic treatment is not covered.</li> <li>- The basis for the calculation of reimbursable benefits is the official LAA/UVG tariff (nomenclature and point value); surcharges may not exceed 50%.</li> </ul>
<b>Prevention and sports activities</b>	50%, max. CHF 200/calendar year	<p>Physical training measures</p> <ul style="list-style-type: none"> <li>- Coverage of costs for the following services: <ul style="list-style-type: none"> <li>- Fitness centres</li> <li>- Back exercise school</li> <li>- Training sessions for rehabilitation purposes under the guidance of a specially trained sports instructor.</li> </ul> </li> <li>- The insurer keeps a list of the recognised facilities/healthcare providers.</li> </ul> <p>Sports activities</p> <ul style="list-style-type: none"> <li>- Coverage of the costs of active membership of a sports club.</li> <li>- The insurer keeps a list of recognised sport disciplines.</li> </ul> <p>Other preventive measures</p> <ul style="list-style-type: none"> <li>- The insurer keeps a list of other recognised preventive measures.</li> </ul>
<b>Groupe Mutuel Assistance</b>	As explained in the general terms and conditions of insurance of Groupe Mutuel Assistance.	<ul style="list-style-type: none"> <li>- 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).</li> </ul>

## **Art. 6 Lists of healthcare providers, therapies and activities**

1. The lists of recognised healthcare providers, therapies, sports activities and other preventive measures 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 use of a benefit are decisive.
3. In accordance with Art. 23 of the general terms and conditions for supplemental insurance (CGC), these lists can be changed by the insurer at any time. Such a change in the list does not give the policyholder the right to terminate the contract.

## **Art. 7 Deductible**

Insured persons can choose one of the following options:

- a. no annual deductible;
- b. an annual deductible of CHF 150.

## **Art. 8 Premiums**

1. An insured person who reaches the last year of his age group is automatically transferred to the next age group at the beginning of the following calendar year. The applicable age groups are:
  - 0 to 15;
  - 16 to 18;
  - 19 to 25;
  - from ages 26 to 85, age groups are graduated in five-year brackets.
2. A change in age group will in principle 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 Optimum insurance.
2. The family discount shall be withdrawn as soon as the conditions for granting it as set out in para. 1 are no longer met.
3. Pursuant to Art. 26a, para. 2, letter d of the general terms and conditions of insurance, the insurer may change or withdraw the family discount at any time, with effect from the end of the current calendar year at the latest.