

Special Terms and Conditions for Global confort supplemental insurance

GC

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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 Eligibility

1. Global confort supplemental insurance is open to persons up to age 55.
2. Insured persons between the ages of 0 and 18 years, i.e. until 31 December of the year of their 18th birthday, are entitled to the additional benefits set out in Art. 2, section 2.2 under the heading “Global junior”.
3. From 1 January of the year following their 55th birthday, insured persons are entitled to the additional benefits set out in Art. 2, section 2.3, under the heading “Global senior”.
4. If a person is already insured with another insurer for coverage comparable to that of Global confort insurance and cannot terminate insurance with the other insurer for the time being, the person may join Global confort insurance and therefore benefit exclusively from the benefits set out in Art. 2, section 2.4 under the heading “Global temporis”.

Art. 2 Insured benefits

1. Global confort

The following benefits are provided in addition to compulsory health insurance:

1. Hospitalisation

1. Insurance classes

a. General ward

Free choice of a recognised Swiss hospital facility, in a general or psychiatric ward, for the treatment of acute conditions.

b. General ward, “comfort” level

Depending on the option chosen, the accommodation supplement for a two-bed or single room in a Swiss hospital approved by the insurer.

Medical care in a general ward without free choice of doctor. Hospital facilities availability remains reserved.

2. Benefits

a. General

In the event of hospitalisation, the insurer will pay

the costs of treatment and accommodation expenses.

b. Hospitalisation abroad

If an insured person falls ill or has an accident and is hospitalised, the insurer will grant a maximum benefit of CHF 500 per day for a maximum of 60 days per calendar year.

Voluntary treatments abroad are not covered unless the insurer gives prior consent.

3. Scope and duration of benefits

The benefits of hospitalisation insurance are covered subject to the following provisions:

a. The insurer will pay the cost of treatment recognised under the LAMa/KVG, accommodation in a hospital facility as well as doctors’ fees, in accordance with the agreement concluded with the insurer or with the cantonal tariff regulations.

b. If an insured person stays in a hospital with which the insurer has not concluded a tariff agreement for accommodation and treatment costs (including medical fees), an amount of CHF 200 per day will be paid within the limits of the chosen category.

c. The choice of hospital at the “comfort” level is limited to the medical facilities approved by the insurer.

d. This insurance does not cover organ transplants for which the SVK (Fédération suisse pour tâches communes des assureurs maladie, Solothurn) has agreed on flat rates per case. This rule also applies to hospital facilities which are not bound by agreed flat rates per case.

e. As soon as the patient is no longer considered as having an acute illness, the entitlement to benefits lapses.

f. Coverage for hospitalisation benefits is limited to 60 days’ hospitalisation in a psychiatric institution in any given calendar year.

g. After 90 days of hospitalisation in any given calendar year, insurance benefits are no longer paid. The duration of benefits paid abroad or in psychiatric facilities (60 days) is imputed to the above-mentioned 90-day limit.

4. Obligations of the insured person

The insured person shall check that the facilities, hospital ward or clinic where he/she is to be treated is a facility recognised by the insurer.

2. Supplemental healthcare

The insurer shall provide the following benefits, within the limits of Article 3 (see table):

1. Restricted drugs

The estimated percentage of the costs of drugs that are not covered by the compulsory health insurance, with the exception, however, of pharmaceutical products charged to insured persons (LPPA/LPPV).

2. Non-reimbursable drugs

The estimated percentage of the costs of drugs not included in any official list (LS/SL) that are not covered by the compulsory health insurance, excluding, however, the pharmaceutical products charged to insured persons (LPPA/LPPV).

3. Alternative medicine

The insurer will reimburse the cost of the following therapies providing they are carried out by a qualified Swiss doctor or alternative medicine practitioner recognised by the insurer. The insurer reserves the right to exclude certain natural treatment practitioners and shall make available to the insured person a list of practitioners whose benefits are reimbursed. Before each treatment, the insured person shall verify that the chosen practitioner is recognised by the insurer.

List of “alternative medicine” therapies

Naturopathy

acupuncture, aromatherapy, auriculotherapy, bioresonance, biotherapy, chromotherapy, electroacupuncture, geobiology, herbal medicine, homeopathy, iridology, colon hydrotherapy, laser therapy, magnetic field therapy, magnetotherapy, moratherapy, nutritional counselling, oxygenotherapy, phytotherapy, sympathicotherapy, cupping.

Manipulation techniques

acupressure, lymphasizing, etiopathy, eurythmy, postural integration, kinesiology, massage therapies, anthroposophic medicine, mesotherapy, metamorphosis, myofascial release therapy, orthobionomy, osteopathy, polarity, energy balancing, reflexology, reiki, rolfing, shiatsu, autogenic training, trager

Psychotherapy

bio-energetics, rebirthing, sophrology, Tomatis method.

– Voluntary changes in therapy or practitioner during the course of a treatment are subject to the insurer’s prior consent.

– Benefits relating to sophrology are reimbursed when treatments are carried out by a doctor, a

doctor-sophrologist with an ASS diploma or by a sophrologist who is not a doctor but has an ASS diploma.

4. Thermal cures in Switzerland

A contribution to the costs of treatment in the case of a thermal cure and a contribution to the costs of a convalescent cure are granted in recognised facilities, but for a maximum of 30 days per calendar year. A request for approval must be submitted to the insurer together with the medical prescription at least 20 days before the start of the cure.

5. Thermal cures abroad

Contribution to the costs of medically necessary thermal cures abroad, which have been authorised in advance by the insurer. A request for approval must be submitted to the insurer together with the medical prescription at least 20 days before the start of the cure.

6. Additional fees

For outpatient treatments in Switzerland, the difference between the rates applicable at the insured’s place of work or residence, and those applicable at the place of residence of the healthcare provider.

7. Personal expenses allowance in case of hospitalisation

Upon presentation of a supporting invoice, a unique allowance will be paid for each hospital stay lasting longer than eight days.

8. Hospital accommodation for family member

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.

9. Home help and placement costs

At the insured person’s request, the following benefits are reimbursed:

– the percentage of the costs 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. All other costs are excluded (general cleaning, etc.);

– the costs of temporary placement for family members cohabiting with the insured person if the latter has to be hospitalised on medical grounds. Family members have to be placed temporarily with an official institution.

10. Glasses and contact lenses

The specified amount for the purchase of medical glasses or contact lenses in Switzerland or abroad, which are not covered by the compulsory health insurance.

11. Medical aids and appliances

The cost of purchasing and renting medically prescribed orthopaedic equipment and medical aids and appliances (excluding dental prostheses) in accordance with the insurer’s list of reimbursable devices.

12. Childbirth preparation classes

The specified amount for the cost of painless childbirth preparation classes that are not covered by

compulsory health insurance.

13. One-time breastfeeding allowance

A breast-feeding allowance provided the mother breastfeeds her baby for at least 30 days and that the duration of the breast-feeding is certified by the doctor or midwife. In case of multiple births, the allowance will be paid for each child.

14. Ultrasound scans and mammographies

The estimated costs of ultrasound scans that are not covered by compulsory health insurance.

15. Vaccinations

The costs of medically prescribed vaccinations (not included in the Ordinance on Healthcare Insurance Benefits – OPAS/KLV) in Switzerland, and of any vaccinations prescribed when travelling abroad.

16. Elisa or HIV test

The insurer grants an annual contribution to the costs of preventive tests prescribed and carried out by recognised healthcare providers.

17. Voluntary sterilisation

The estimate percentage of reimbursement of surgery costs.

18. Dental treatment in case of accident

The estimated 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 point value).

19. Dental treatment in case of illness

The estimated amount for dental treatment not covered by compulsory health insurance provided such treatment is administered by a dentist licensed to practice in Switzerland. Dental costs are reimbursed in accordance with the official LAA/UVG tariff (nomenclature and point value).

20. Transport costs

The insurer will pay a contribution towards the cost of transport to the nearest hospital or doctor as a result of an insured illness or accident, provided that the transport is medically necessary and is not covered by the compulsory health insurance.

This contribution is only granted for transport by ambulance, by helicopter or in the case of a search and rescue operation.

Public transport costs (bus or train) in connection with outpatient treatment designed to avoid hospitalisation are also covered.

21. Non-doctor psychotherapists and independent psychologists

The insurer covers the cost of medically prescribed treatment administered by independent psychologists and non-doctor psychologists.

3. **Groupe Mutuel Assistance**

The 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 person's home).

4. **Death allowance**

The insurance provides for an allowance of CHF 2,000 for death by illness or accident to be paid to the benefi-

ciaries after the death of the insured person, if the latter is aged between 3 and 55 years old.

The death certificate or any other document deemed to be relevant must be submitted to the insurer.

The insurer has the right to deduct from the death allowance granted to the beneficiaries the amounts that may still be due by the deceased person (premiums, co-insurance amounts, etc.).

The entitlement to the death allowance will expire, without further notice, after two years from the date of death if the death certificate is not submitted to the insurer.

2. **Global junior**

Additional benefits

a. Home care for sick children

By way of derogation to Article 1.2, this benefit is granted up to the age of 12. Benefits are granted if the care is provided by a person from an organisation approved by the insurer and the parents work outside the home

b. Contribution to sports fees

Upon presentation of a supporting invoice, contribution to an active member's fee in a sports club or association recognised by the insurer.

3. **Global senior**

Additional benefits

a. Palliative care

The insurer will pay a contribution for palliative care, i.e. all medical and nursing techniques for people at the end of their lives, provided at home by duly qualified staff working under the authority of an institution recognised by the insurer.

A prior request must be submitted to the insurer, which will determine the amount of the contribution granted for each case. This contribution is calculated by taking into account all the costs relating to treatments that help people to remain at home.

b. Health and fitness cures

The insurer will pay an annual contribution for health and fitness cures at recognised facilities that offer a specific programme in this area.

c. Nutrition advice and classes

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

4. **Global temporis**

a. Global temporis provides, on a temporary basis, benefits under Global confort to persons insured for comparable coverage with another insurer.

b. Global temporis benefits relate to the supplemental healthcare described in sections 2.1.2, 2.1.3, 2.2, 2.3; they do not relate to benefits in section 2.1.1. (hospitalisation) and 2.1.4 (allowance in the event of death).

c. For the supplemental care covered, Global temporis benefits shall correspond to 30% of the benefits provided under Global confort.

d. Global temporis benefits are paid in addition to the benefits granted by the other insurer.

e. Simultaneously to joining Global temporis, the insurer accepts that the insured person may join Global confort insurance in the future without having to complete a new health questionnaire, for the date set in the declaration of admission. The insured person must join Global confort

within a maximum of three years.

- f. The contribution of the insurer to the cost-sharing amounts (deductibles and co-payments) of other insurers is excluded.
- g. For the duration of Global temporis, the premium is reduced compared to the premium for Global confort.
- h. When switching from Global temporis to Global confort insurance and adjusting the premium accordingly, the provision of Art. 29 para. 1 of the general terms and conditions of insurance for supplemental health and accident insurance (CGC), which authorises the insured person the right to terminate the contract, does not apply.
- i. Benefits paid under Global temporis, the limits of which relate to a specific period, also count towards the calculation of the entitlement to benefits after the switch to Global confort coverage.

Art. 3 Scope of benefits

The benefits set out in Article 2 are provided within the limits and up to the amounts shown in the “Table of benefits under Global confort “.

Art. 4 Entitlement to benefits

1. The insured person is entitled to benefits as soon as the insurance policy comes into effect.
2. For benefits related to pregnancy and childbirth, entitlement to benefits begins after 12 months of insurance. The period of time spent in Global temporis is not counted towards the insurance period.
3. Benefits are charged according to the dates of treatment towards the insured amounts per calendar year. Costs incurred after entitlements are exhausted cannot be carried forward to the following year.
4. To the extent provided for in these terms and conditions, the insurer will reimburse the costs not covered by the compulsory health insurance (AOS/OKP) if the benefits are provided by a doctor or a person duly authorised and recognised by the insurer. Under no circumstances shall the insurance benefits regulated by these terms and conditions be used to cover co-insurance payments and deductibles under the AOS/OKP or other supplemental insurances.

Art. 5 Deductible amounts

Insured persons can choose between the following:

- no deductible,
- a deductible of CHF 150 per calendar year

For the duration of Global temporis, the insurance is concluded a without deductible amount.

Art. 6 “LeClub” advantages

By taking out Global confort insurance, the insured person shall benefit from the “LeClub” advantages, which are, in particular:

1. Hotel discounts
Discounts are granted in hotels on a list maintained by the insurer.
2. Discounts in drugstores, pharmacies or other shops
Discounts are granted in drugstores, pharmacies and other shops on a list maintained by the insurer.

Art. 7 Premium

Insured persons who reach the maximum level of their age group during the year are automatically transferred to the next higher age group at the beginning of the next calendar year. The relevant age groups are as follows:

- from 0 to 18;
- from 19 to 25;
- from age 26, age groups are graduated in five-year brackets.

Type of benefits	Global 1	Global 2	Global 3	Global 4
Restricted drugs	70%, max. CHF 800/calendar year	90%, max. CHF 800/calendar year	90%, unlimited benefits	90%, unlimited benefits
Non-reimbursable drugs	70%, max. CHF 800/calendar year	90%, max. CHF 800/calendar year	90%, unlimited benefits	90%, unlimited benefits
Alternative medicine	Max. CHF 70/session, up to CHF 2,000/calendar year	Max. CHF 70/session, up to CHF 2,000/calendar year	Max. CHF 70/session/session, up to CHF 3,000/calendar year	Max. CHF 70/session/session, up to CHF 6,000/calendar year
Thermal cures in Switzerland	60%, max. CHF 300/calendar year	60%, max. CHF 300/calendar year	80%, max. CHF 500/calendar year	80%, max. CHF 750/calendar year
Convalescence cures	CHF 20/day, max. 30 days/calendar year	CHF 20/day, max. 30 days/calendar year	CHF 25/day, max. 30 days/calendar year	CHF 25/day, max. 30 days/calendar year
Convalescence cures following hospitalisation	CHF 40/day, max. 30 days/calendar year	CHF 50/day, max. 30 days/calendar year	CHF 40/day, max. 30 days/calendar year	CHF 50/day, max. 30 days/calendar year
Thermal cures abroad	No benefits	No benefits	50%, max. CHF 500/calendar year	80%, max. CHF 1,000/calendar year
Additional fees	No benefits	CHF 600/calendar year	CHF 800/calendar year	CHF 1,000 per calendar year
Personal expenses allowance in case of hospitalisation	CHF 100/case	CHF 100/case	CHF 200/case	CHF 200/case
Hospital accommodation for family member	CHF 500/calendar year	CHF 500/calendar year	CHF 600/calendar year	CHF 700/calendar year
Home help and placement costs	70%, max. CHF 1,500/calendar year	90%, max. CHF 1,500/calendar year	90%, max. CHF 2,500/calendar year	90%, max. CHF 3,000/calendar year
Glasses and contact lenses	CHF 100 every three years	CHF 100 every three years	CHF 150 every three years	CHF 200 every three years
Medical aids and appliances	70%, max. CHF 300/calendar year	90%, max. CHF 300/calendar year	90%, max. CHF 1,000/calendar year	90%, max. CHF 1,000/calendar year
Childbirth preparation classes	CHF 150 per pregnancy	CHF 150 per pregnancy	CHF 150 per pregnancy	CHF 150 per pregnancy
One-time breastfeeding allowance	CHF 100 per child	CHF 100 per child	CHF 100 per child	CHF 100 per child
Ultrasound scans and mammographies	90%, unlimited number of examinations	90%, unlimited number of examinations	90%, unlimited number of examinations	90%, unlimited number of examinations
Vaccinations	70%, max. CHF 150/calendar year	90%, max. CHF 150/calendar year	90%, max. CHF 200/calendar year	90%, max. CHF 250/calendar year
Elisa or HIV test	CHF 50/calendar year	CHF 50/calendar year	CHF 50/calendar year	CHF 50/calendar year
Voluntary sterilisation	60%, max. CHF 300	80%, max. CHF 300	80%, max. CHF 400	80%, max. CHF 500
Dental treatment in case of accident	60%, max. CHF 4,000 per case	80%, max. CHF 4,000 per case	80%, max. CHF 6,000 per case	80%, max. CHF 8,000 per case
Dental treatment in case of illness	60%, max. CHF 100/every three years	80%, max. CHF 100/every three years	80%, max. CHF 150/every three years	80%, max. CHF 200/every three years
Transport costs	60%, max. CHF 1,000/calendar year	80%, max. CHF 1,000/calendar year	80%, max. CHF 2,500/calendar year	80%, max. CHF 5,000/calendar year
Non-doctor psychotherapists and independent psychologists	60%, max. CHF 600/calendar year	70%, max. CHF 600/calendar year	80%, max. CHF 700/calendar year	80%, max. CHF 800/calendar year
Hospitalisation in Switzerland	General ward throughout Switzerland	General ward throughout Switzerland	General ward throughout Switzerland	General ward throughout Switzerland
Hospitalisation abroad	CHF 500/day	CHF 500/day	CHF 500/day	CHF 500/day
Death allowance	CHF 2,000 death/illness or accident	CHF 2,000 death/illness or accident	CHF 2,000 death/illness or accident	CHF 2,000 death/illness or accident
Groupe Mutuel Assistance	assistance, supervision and repatriation in the event of a medical emergency while travelling abroad			
Global junior (0-18 years)				
Home care for sick children	CHF 200/calendar year	CHF 250/calendar year	CHF 300/calendar year	CHF 300/calendar year
Contribution to sports fees	CHF 30/calendar year	CHF 30/calendar year	CHF 30/calendar year	CHF 30/calendar year
Global senior (from 56 years onwards)				
Palliative care	90%, max. CHF 2,000/calendar year	90%, max. CHF 2,500/calendar year	90%, max. CHF 3,000/calendar year	90%, max. CHF 3,000/calendar year
Health and fitness cures	CHF 300/calendar year	CHF 300/calendar year	CHF 300/calendar year	CHF 300/calendar year
Nutrition advice and classes	50%, max. CHF 150/calendar year	50%, max. CHF 200/calendar year	50%, max. CHF 250/calendar year	50%, max. CHF 250/calendar year