

Special Terms and Conditions for Acrobat Accident 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

Acrobat coverage protects the insured against the economic consequences of an accident.

Art. 2 Insured events

1. Are insured non-occupational accidents and school accidents, including accidents which occur during games and sports, and accidents involving the use of motor vehicles with the requisite permits.
2. Also insured are all occupational accidents and illnesses covered by the compulsory accident insurance (LAA/UVG).

Art. 3 Injuries equated with an accident

1. Supplementing the provisions of the General Terms and Conditions for Supplemental Health and Accident Insurance (CGC), are also equated with accidents: cartilage tears (meniscus) provided they occur and are first treated no less than two years after the start of the insurance; the sequels of frostbite, heat stroke, sunstroke and the effects of ultraviolet rays except sunburn; and drowning.
2. Benefits are also payable for bodily injuries suffered by the insured during therapeutic treatments and examinations prescribed as a result of an insured accident.

Art. 4 Eligibility

Acrobat insurance is open to all persons under age 18 residing in Switzerland.

Art. 5 End of insurance contract (insured person reaches the age limit)

Supplementing the provisions of the General Terms and Conditions for Supplemental Health and Accident Insurance (CGC), the insurance contract and the entitlement to benefits shall cease at the end of the year which coincides with the insured's 18th birthday.

Art. 6 Automatic transfer (from age 19)

1. If an insurance contract is terminated for the reasons contemplated in Article 5, insureds with level 1 or level 2 coverage (see Article 7) will be automatically transferred to ProVista (ID) insurance, under the variant covering the same assured sums. Insureds with level 1P coverage (see Article 7) will be automatically transferred to ActiVita (AJ) insurance. The new insurance is effective as of 1 January following the end of the Acrobat insurance.
2. The insured may refuse the transfer to such insurance (ID), AJ respectively, by notice to the Insurer within 30 days of his receipt of the new policy.

Art. 7 Coverage level

1. The insurance contract may be concluded for one of the two following levels of coverage:
 - Level 1 – Acrobat^{light}
 - Level 1P – Acrobat^{eco}
 - Level 2 – Acrobat^{standard}.
2. The level specified on the insurance policy is conclusive for the entitlement to benefits.

Art. 8 Types of benefits

1. Acrobat pays the following benefits in accordance with the chosen coverage level (see Article 7(1)):
 - a. treatment and miscellaneous costs (Article 10);
 - b. a lump-sum hospitalisation benefit (Article 10);
 - c. a lump-sum disability benefit (Article 11);
 - d. a lump-sum death benefit (Article 12).
2. The insured benefits for each coverage level are listed in Annex B.
3. Recovery costs and other costs are covered by indemnity insurance. Capital lump-sum amounts in the event of hospitalisation, disability or death, are a fixed-sum insurance.

Art. 9 Entitlement to benefits

1. The contractual benefits shall be paid for accidents occurring after the policy comes into effect.
2. Benefits are conditional to the presentation of a medical certificate, death certificate or inheritance certificate. Only original documents will be accepted.

Art. 10 Treatment costs and other costs

1. Treatment costs are insured supplementally to Swiss or foreign social insurances including LAMal/KVG, LAA/UVG and LAI/IVG in particular.
2. The Insurer is only liable for the difference between the social insurance benefits referred to in the preceding point and the benefits stipulated in points 3.1 to 3.12 below. Unless otherwise provided, LAA/UVG health care tariffs are applicable.
3. The following benefits are payable (see Annex B which forms an integral part of these Special Conditions):
 - 1. Medical costs in Switzerland (general ward)**

The cost of any necessary medical treatment, including tests and medicine (excluding LPPA/LPPV pharmaceutical products for special application), given or prescribed by medical practitioners (doctors, dentists and chiropractors), and the cost of treatment, room and board in the general ward of a Swiss hospital recognised by the Insurer.
 - 2. Medical expenses for emergency treatment abroad**

The cost of necessary in and out-patient medical treatment, including tests and medicine, for accidents occurring abroad.
 - 3. Home care and treatment**

Following hospitalisation, and by prior application to the Insurer, the cost of medically necessary home help hired from an official service. On the basis of the same tariff, a contribution may be allocated to one of the parents who suspends his or her professional activity to care for the insured.
 - 4. Medical aids, appliances and patient-room furniture**

The cost of first purchase of prostheses, spectacles, hearing aids and orthopaedic aids, and the corresponding repair or replacement costs (new value) if such aids and appliances are damaged or destroyed

during an insured accident which causes the insured a physical injury requiring treatment. Rental costs for patient-room furniture are also covered.

5. Transport, search and rescue expenses

Following an accident, transport costs to the nearest hospital facility or doctor provided such transport is medically necessary.

This contribution is only granted for transport by ambulance, helicopter or by a rescue action.

Public transport costs (bus or train) for outpatient treatment are also reimbursed if such treatment is designed to avoid hospitalisation.

The cost of unplanned search and rescue actions designed to save the life of an insured who is provably in distress or to avoid a rapid and significant aggravation of his condition.

6. Plastic surgery

The costs of necessary plastic surgery operations following an insured accident.

7. Supplementary benefits for accidents abroad

– If the insured is hospitalised abroad and cannot be transferred to Switzerland on medical grounds, transport costs to the hospital for close relatives if hospitalisation lasts longer than three days.

– If the insured dies abroad, the cost of transporting the body, by normal airline or a special motor vehicle, to the deceased's domicile in Switzerland.

8. Remedial measures (catching up at school)

If the insured is unable to attend school for over two months, the certified cost of remedial lessons given by a qualified, specially trained teacher.

9. Sports membership

If, as a result of an accident, the insured is prevented from practising a sporting activity, the Insurer will reimburse the insured for any sports packages or subscriptions taken out prior to the accident that cannot be used, on a pro rata basis and on presentation of original medical evidence.

Compensation for these costs is limited to a maximum of CHF 500 per accident.

In addition to the benefits enumerated in points 3.1 to 3.9 above, Acrobat level 1P covers the supplemental benefit contemplated in point 3.10 below.

10. Medical costs in Switzerland (private ward)

The costs under point 3.1 in the private ward of a Swiss hospital recognised by the Insurer.

In addition to the benefits enumerated in points 3.1 to 3.10 above, Acrobat level 2 covers the following supplemental benefits:

11. Emergency medical care abroad and repatriation

The benefits covered under Terms and Conditions of Intervention of Groupe Mutuel Assistance which form an integral part of these Special Terms and Conditions.

12. Lump-sum benefit in case of hospitalisation

A lump-sum of CHF 500 is paid per calendar year in the event of hospitalisation lasting longer than 24 hours in a recognised Swiss hospital or abroad.

The lump-sum is payable at the request of the insured against presentation of the hospital bill.

To determine the entitlement to insurance benefits, the Insurer's medical advisor is authorised to ask the attending doctor for a diagnosis or for any other relevant information.

Art. 11 Lump-sum disability benefit

These benefits are granted to insureds with Acrobat level 1 or level 2 coverage.

a. Capital

The insured capital in case of disability is CHF 200,000.

b. Entitlement

A disability lump-sum benefit is payable in the case of accidents causing probable permanent injury. The lump-sum benefit is determined based on the degree of disability and the scale in letter (c) below.

c. Degree of disability

1. The degree of disability is set according to the following rules:

– loss of a phalanx of the thumb or of at least two phalanxes of another finger	5%
– loss of a thumb	20%
– loss of a hand	40%
– loss of the lower arm (at or below the elbow)	50%
– loss of a big toe	5%
– loss of a foot	30%
– loss of a lower leg (at the knee or below)	40%
– loss of a leg (above the knee)	50%
– loss of an ear lobe	10%
– loss of the nose	30%
– scalp	30%
– very serious disfigurement	50%
– loss of a kidney	20%
– loss of the spleen	10%
– loss of the genitals or of the reproductive function	40%
– loss of sense of smell or taste	15%
– loss of hearing in one ear	15%
– loss of sight in one eye	30%
– total deafness	85%
– total blindness	100%
– recurrent dislocation of the shoulder	10%
– serious impairment of mastication	25%
– very serious and painful functional impairment of the spinal chord	50%
– paraplegia	90%
– tetraplegia	100%
– very serious pulmonary impairment	80%
– very serious impairment of the kidneys	80%
– impairment of partial psychological functions, such as memory and the ability to concentrate	20%
– post-traumatic epilepsy with crises, or under permanent medication without crises	30%
– very serious logo-organic disorder, very serious motor or psycho-organic syndrome	80%

2. The total functional disability of a limb or an organ is equated with a total loss of that limb or organ.

3. In case of a partial functional disability, the percentage is reduced proportionally.
4. In cases not mentioned above, the degree of disability is determined in accordance with the scale of compensation for damage to integrity set out in Annex 3 of the Ordinance on Accident Insurance (OLAA/UVV) and the related SUVA tables. If the degree of disability cannot be determined in accordance with the above rules, it will be established by analogy on the basis of medical findings, taking into account the seriousness of the injury.
5. If several organs or parts of the body are affected by the same accident, the relevant percentages will be added together. Notwithstanding, the degree of disability may not exceed 100%.
6. Psychological disorders or disorders of the nervous system are not covered unless it can be proven that they are the result of an organic impairment of the nervous system caused by the accident.
7. The degree of disability is fixed when the insured's condition is presumed to be final, but no later than 5 years after the accident.

d. Progression

1. If the degree of disability is lower than 25%, a percentage of the insured sum corresponding to the degree of disability is payable.
2. If the degree of disability is higher than 25%, benefits (as a percentage of the contractual insured sum) will increase in accordance with the table in Annex A.

Art. 12 Lump-sum death benefit

These benefits are granted to insureds with Acrobat level 1 or level 2 coverage.

1. If the insured dies as a result of the accident, a lump sum death benefit of CHF 10,000 will be paid, with the exception of children under the age of 2 years and 6 months at the time of death, in which case the lump sum is limited to CHF 2,500.
2. The beneficiaries are:
 - the insured's mother and father, in equal shares, or failing them:
 - his sisters and brothers, in equal shares, or failing them:
 - his grandparents, in equal shares.
3. If the insured has none of the above survivors, the Insurer shall only pay the portion of the burial costs which are not covered by another insurer up to the amount of the lump-sum death benefit indicated in point 1.
4. Any disability benefits already paid for the consequences of the same accident shall be deducted from the death benefits.
5. A beneficiary who deliberately causes the death of the insured forfeits his rights to benefits.

Art. 13 Premiums waiver

1. The Insurer shall assume all periodic premium payments for the Acrobat insurance until the end of the contract (see Article 5) if, as a result of an accident which occurred during the validity of the insurance, one of the insured's parents dies or is declared more than 50% disabled.

2. The premium waiver starts on the day following the occurrence of the disability or death; a waiver application must be filed with the Insurer together with the requisite official documents (decision of the AI/IV office, death certificate and family record booklet).

Art. 17 Premium

The premium is specified in the insurance policy.

Art. 14 Third-party services

Deductibles, coinsurance amounts and any taxes for which the insured is liable under any social insurance (LAMa/KVG, LAA/UVG or LAI/IVG) will not be reimbursed.

Art. 15 Negligence of the insured person

The Insurer agrees not to reduce benefits for accidents caused by imprudence or gross negligence on the part of the insured.

Art. 16 Combined effect of causes independent of the accident

If the physical impairments are only partially due to an insured accident, benefits will be fixed proportionately based on a medical report.

Annex A

Degree of disability	Indemnity in %	Degree of disability	Indemnity in %	Degree of disability	Indemnity in %
26	28	51	105	76	230
27	31	52	110	77	235
28	34	53	115	78	240
29	37	54	120	79	245
30	40	55	125	80	250
31	43	56	130	81	255
32	46	57	135	82	260
33	49	58	140	83	265
34	52	59	145	84	270
35	55	60	150	85	275
36	58	61	155	86	280
37	61	62	160	87	285
38	64	63	165	88	290
39	67	64	170	89	295
40	70	65	175	90	300
41	73	66	180	91	305
42	76	67	185	92	310
43	79	68	190	93	315
44	82	69	195	94	320
45	85	70	200	95	325
46	88	71	205	96	330
47	91	72	210	97	335
48	94	73	215	98	340
49	97	74	220	99	345
50	100	75	225	100	350

Annex B

Benefits	Acrobat ^{standard} (Level 2)	Acrobat ^{light} (Level 1)	Acrobat ^{eco} (Level 1P)
Outpatient treatment Hospitalisation in Switzerland and abroad Restricted and non-reimbursable drugs	The cost of outpatient treatment administered or prescribed by a doctor, chiropractor or dentist and hospitalisation costs in private ward are insured supplementally to social insurance benefits, especially LAMal/KVG, LAA/UVG and LAI/IVG	The cost of outpatient treatment administered or prescribed by a doctor, chiropractor or dentist and hospitalisation costs in general ward are insured supplementally to social insurance benefits, especially LAMal/KVG, LAA/UVG and LAI/IVG	The cost of outpatient treatment administered or prescribed by a doctor, chiropractor or dentist and hospitalisation costs in private ward are insured supplementally to social insurance benefits, especially LAMal/KVG, LAA/UVG and LAI/IVG
Home care and treatment	Maximum CHF 200 per day if administered by an official medical assistance service or by a parent who suspends his/her professional activity	Maximum CHF 200 per day if administered by an official medical assistance service or by a parent who suspends his/her professional activity	Maximum CHF 200 per day if administered by an official medical assistance service or by a parent who suspends his/her professional activity
Medical aids, appliances and furniture	Rental cost and cost of first acquisition of patient-room furniture. Repair and replacement costs (new value)	Rental cost and cost of first acquisition of patient-room furniture. Repair and replacement costs (new value)	Rental cost and cost of first acquisition of patient-room furniture. Repair and replacement costs (new value)
Transport, search and recovery costs	Maximum CHF 50,000 per case	Maximum CHF 50,000 per case	Maximum CHF 50,000 per case
Accidents abroad: supplemental benefits	Repatriation of the body, maximum CHF 10,000 Transport costs for close relatives if hospitalisation lasts longer than 3 days (max. CHF 250 per day and CHF 2,000 per event)	Repatriation of the body, maximum CHF 10,000 Transport costs for close relatives if hospitalisation lasts longer than 3 days (max. CHF 250 per day and CHF 2,000 per event)	Repatriation of the body, maximum CHF 10,000 Transport costs for close relatives if hospitalisation lasts longer than 3 days (max. CHF 250 per day and CHF 2,000 per event)
Emergency medical assistance and repatriation	Groupe Mutuel Assistance	No benefits	No benefits
Plastic surgery	Maximum CHF 20,000	Maximum CHF 20,000	Maximum CHF 20,000
Cost of remedial measures by a qualified person	Maximum CHF 3,000 if the insured is unable to attend school for more than 2 months	Maximum CHF 3,000 if the insured is unable to attend school for more than 2 months	Maximum CHF 3,000 if the insured is unable to attend school for more than 2 months
Sports membership	Maximum CHF 500 per case	Maximum CHF 500 per case	Maximum CHF 500 per case
Lump-sum death benefit	CHF 10,000	CHF 10,000	No benefits
Lump-sum disability benefit	CHF 200,000 (350% progression)	CHF 200,000 (350% progression)	No benefits
Lump-sum benefit in case of hospitalisation	CHF 500 per year	No benefits	No benefits
Premium waiver	Waiver in case of death or disability of one parent, until the end of the contract or the insured's 18th birthday.	Waiver in case of death or disability of one parent, until the end of the contract or the insured's 18th birthday.	Waiver in case of death or disability of one parent, until the end of the contract or the insured's 18th birthday.
Territorial validity	Worldwide	Worldwide	Worldwide