

Special Terms and Conditions for «Global Classic» Supplemental Insurance

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Contents

Art. 1	Purpose of the insurance	Art. 6	Scope of benefits
Art. 2	Acceptance conditions	Art. 7	Entitlement to benefits
Art. 3	Risks covered	Art. 8	Premiums
Art. 4	Insured benefits – basic module	Art. 9	Family bonus – basic module
Art. 5	Insured benefits – «Plus» option	Art. 10	Obligations of the insured

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

The purpose of this insurance is to cover the insured for specific supplemental benefits over and above compulsory health insurance benefits within the meaning of the Federal law on Health Insurance (LAMal/KVG).

Art. 2 Acceptance conditions

«Global Classic» coverage is open to persons of all ages.

Art. 3 Risks covered

«Global Classic» insurance provides illness, accident and maternity benefits.

Art. 4 Insured benefits – basic module

1. Hospitalisation in Switzerland

1. Insurance class

For inpatient treatment (hospital stay exceeding 24 hours), the insured is free to choose the general ward of any

- hospital;
- psychiatric facility; or
- rehabilitation centre in Switzerland.

2. Hospitals

To qualify for the benefits referred to in point 1.1 of this Article, hospitals must be recognised establishments within the meaning of LAMal/KVG (hospitals with a cantonal mandate for the provision of services), or they must have concluded a tariff agreement with Groupe Mutuel Assurances GMA SA.

3. Scope and duration of hospitalisation benefits

Benefits shall be reimbursed subject to the following provisions:

- the Insurer shall reimburse recognised treatments under LAMal/KVG, hospital room and board costs and doctors' fees in accordance with cantonal tariff

regulations or the tariff agreement concluded with the Insurer;

- hospitalisation benefits are limited to the acute stage of the illness. The entitlement to benefits ceases as soon as the insured's condition is no longer deemed acute; this applies, in particular, to the treatment of stabilised or chronic conditions or where hospitalisation does not serve to improve the insured's health.

4. For inpatient psychiatric treatment

Entitlement to benefits is limited to 90 days per calendar year.

5. Organ transplants

The present insurance does not include coverage for organ transplants covered by flat rates agreed by the SVK (Fédération Suisse pour Tâches Communes des assureurs maladie, Solothurn); such costs are covered by compulsory health insurance. This rule also applies to hospitals which are not bound by flat-rate agreements.

6. Rights and obligations of the insured in case of hospitalisation

The insured person shall ascertain that the hospital or clinic where he is to be treated is an establishment recognised by the Insurer.

2. Additional services

1. Restricted and non-reimbursable drugs

Reimbursement of 90% of the cost of restricted and non-reimbursable drugs (i.e. drugs which are not on any official list) which are not covered by compulsory insurance, excluding pharmaceutical products for special application (LPPA/LPPV, list available online at www.lppa.ch).

2. Thermal cures in Switzerland

Reimbursement of CHF 80 per day, up to max. CHF 800 per year for treatment and room and board in thermal cure facilities approved by the Insurer according to the list of recognised medical spa 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 the medical prescription must be submitted to the Insurer at least 20 days before the start of the cure.

3. Post-hospitalisation convalescence cures

Reimbursement of CHF 50 per day for treatment and room and board during convalescence cures in facilities recognised by the Insurer, provided that the convalescence was prescribed following hospitalisation. 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. The indemnity is limited to 30 days per calendar year.

4. Hospital room expenses for close relative

The Insurer will cover the cost of a hospital bed for a family member during the insured's stay in hospital if the family member's presence is medically justified. This indemnity is limited to CHF 600 per calendar year. This guarantee also covers the medical expenses of a healthy newborn if the mother has to return to hospital within 10 weeks of giving birth.

5. Home help and cost of a home

Reimbursement of CHF 80 per day for 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.).

Reimbursement of CHF 80 per day for the cost of a temporary home for family members cohabiting with the insured in the event the insured has to be hospitalised. The family members will be temporarily placed with an official institution.

The total indemnity for both aforesaid benefits together is limited to CHF 800 per calendar year.

6. Glasses and contact lenses

Reimbursement of the purchase price, in Switzerland or abroad, of prescription glasses or contact lenses not covered by compulsory health insurance. This indemnity is limited to CHF 150. Insureds are entitled to claim this indemnity once every calendar year up to their 18th birthday, and once every three years thereafter.

7. Auxiliary appliances

Reimbursement of 90% of the rental or purchase cost for medically prescribed orthopaedic equipment and auxiliary appliances (excluding dentures) required by the insured for his daily activities, in accordance with the Insurer's list.

The indemnity is limited to CHF 1,000 per calendar year.

8. Voluntary sterilisation

Reimbursement of 90% of the cost of the operation carried out by recognised health care providers.

9. Ear correction surgery (cosmetic surgery)

Reimbursement of 90% of the cost of ear pinning operations for children born with protruding ears. This benefit is granted if it is medically recommended for the insured with a view to avoiding or remedying psychological disorders.

10. Psychotherapists (non-doctor) and independent psychologists

Reimbursement of CHF 40 per session for the cost of medically prescribed treatment by non-doctor psychotherapists and independent psychologists.

The indemnity is limited to CHF 800 per calendar year.

11. Transport expenses

The cost of transport to the nearest hospital or doctor following an insured illness or accident provided such transport is medically required and is not covered by compulsory health insurance.

This contribution is only granted for transport by ambulance or by helicopter. Public transport costs (bus or train) in connection with outpatient treatment designed to avoid hospitalisation are also reimbursed.

The indemnity is limited to CHF 5,000 per calendar year.

12. Search and rescue costs

A contribution to the cost of unplanned search and rescue operations designed to save the insured's life in case of provable distress or to avoid a fast and significant deterioration in his condition.

The indemnity is limited to CHF 50,000 per calendar year.

13. Vaccinations

Reimbursement of 90% of 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 to abroad.

The indemnity is limited to CHF 150 per calendar year.

14. Preventive tests (HIV or Elisa)

Reimbursement up to CHF 50 per year of tests prescribed and conducted by recognised health care providers.

15. Check-up

Reimbursement of 90% of the cost of a check up conducted by a doctor recognised by the Insurer, but no more than one check-up every three years.

16. Preventive gynaecological tests

Reimbursement of 90% of the cost of preventive gynaecological tests not covered by compulsory health insurance

17. Ultrasound exams and mammographies

Reimbursement of 90% of the cost of the ultrasound exams and mammographies not covered by compulsory health insurance or cantonal prevention plans.

18. One-time breast-feeding allowance

One-time breast-feeding allowance provided that the baby is breastfed for at least 30 days and that the duration of breast-feeding is confirmed by the doctor or the midwife. In case of multiple births, the allowance is paid for each child.

19. 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.

Art. 5 Insured benefits – «Plus» option

In addition to the benefits referred to in Article 4 of these Special Terms and Conditions, the Insured may apply for the «Plus» option which entitles him to the following benefits at an additional premium:

1. Alternative medicine

The Insurer will pay a contribution of 80% towards the cost of the below therapies provided they are carried out by a qualified Swiss doctor or a natural therapy practitioner recognised by the Insurer (including a participation in the cost of alternative medicine drugs prescribed by such health care providers recognised by Swissmedic in accordance with the federal law on therapeutic products (LPT_H/HMG)). The Insurer reserves the right to exclude certain 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, oxygenotherapy, phytotherapy, sympatricotherapy 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.

Psychotherapy

Bio-energetics, rebirthing, sophrology, Tomatis method. Voluntary changes in therapy or practitioner in the course of a treatment are subject to the Insurer's prior consent. The indemnity is limited to CHF 10,000 per calendar year. A yearly deductible of CHF 300 will be applied to the above-mentioned benefits (point 5.1 of this Article) from the 1 January following the insured's 18th birthday.

2. Health promotion

50% of the cost of health promotion measures in the following areas will be reimbursed:

- health centre;
- back school;
- tobacco and alcohol detoxification cures.

The relevant provider must be recognised by the Insurer.

The contribution towards the cost of a health centre subscription is limited to CHF 200. If several measures promoting good health are taken in the course of a single calendar year, the maximum ceiling for reimbursement is CHF 500.

3. Nutritional counselling

Reimbursement of CHF 50 per session for nutritional counselling by a consultant recognised by the Insurer; maximum three counselling sessions per three-year period.

4. Medical visit for a second opinion

Reimbursement of 90% of the cost of a second opinion before hospitalisation from a doctor recognised by the Insurer. The doctor's bill must indicate «second opinion».

Art. 6 Scope of benefits

The benefits referred to in Articles 4 and 5 are subject to the limits and amounts specified in the annex to the regulations which is an integral part of these Special Terms and Conditions.

Art. 7 Entitlement to benefits

1. The insured is entitled to benefits from the effective date of the insurance policy.
2. The entitlement to pregnancy- and childbirth-related benefits starts after a waiting period of 12 months.
3. The benefits contemplated in Article 5 of these Special Terms and Conditions (benefits covered under the «Plus» option) will be granted if such coverage is specifically indicated in the insurance policy.
4. Benefits are imputed to the insured amounts per calendar year in chronological order by treatment date. Costs incurred after entitlements are exhausted (benefits subject to duration limits or reimbursement ceilings) cannot be carried forward to the next year.
5. 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 shall the insurance benefits regulated by these terms and conditions be used to cover co-insurance payments and deductibles under compulsory insurance or other supplementary insurance.

Art. 8 Premiums

An insured person 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 the 26th year to the 71st, age groups are graduated in five-year brackets.

Art. 9 Family bonus – basic module

A family bonus is granted on children's premiums up to their 18th birthday (basic module) if at least one parent and the child have contracted:

- «Global Classic» supplemental insurance, and
- compulsory health insurance

with a Groupe Mutuel health insurance company. The amount of the family bonus is indicated on the insurance policy.

Art. 10 Obligations of the insured

- Before he is hospitalised, the insured shall always check that the hospital, ward or clinic where he is to be treated is an establishment recognised by the Insurer.
- Before each treatment, the insured shall verify that the practitioner who will be attending him is recognised by the Insurer.

Annex

Insured benefits – basic module	
Hospitalisation in Switzerland	Hospitalisation in general ward anywhere in Switzerland
Restricted and non-reimbursable drugs	90%, unlimited prescriptions
Thermal cures in Switzerland	Max. CHF 80 per day, max. CHF 800 per calendar year
Post-hospitalisation convalescence cures	Max. CHF 50 per day, max. 30 days per year
Hospital accommodation expenses for close relative	Max. CHF 600 per calendar year
Home help and cost of a home	Max. CHF 80 per day, max. CHF 800 per year
Glasses and contact lenses	CHF 150 per 3-year period (per calendar year for children up to age 18)
Auxiliary appliances	90%, max. CHF 1,000 per calendar year
Voluntary sterilisation	90% unlimited
Ear correction surgery	90% unlimited
Psychotherapists (non-doctor) and independent psychologists	CHF 40 per session, max. CHF 800 per calendar year
Transport expenses	Max. CHF 5,000 per calendar year
Search and rescue costs	Max. CHF 50,000 per calendar year
Vaccinations	90%, max. CHF 150 per calendar year
Preventive tests	CHF 50 per calendar year
Check-up	90%, every 3 years
Preventive gynaecological tests	90%, unlimited number of tests
Ultrasound exams and mammographies	90%, unlimited number of tests
One-time breast-feeding allowance	CHF 100 per child
For emergencies in Switzerland and abroad	Groupe Mutuel Assistance
Insured benefits – «Plus» option	
Alternative medicine*	80%, max. CHF 10,000 per calendar year
Health promotion: Health centre, back school, tobacco and alcohol detoxification cures	50%, max. CHF 500 per calendar year (Health centre 50%, max. CHF 200 per calendar year)
Nutritional counselling	CHF 50 max. per session (max. 3 sessions per 3-year period)
Second medical opinion	90% unlimited

* subject to an annual deductible of CHF 300, from the insured's 18th birthday