

Special Terms and Conditions Supplemental Insurance Coverage

GL

GLAM01-E6 – Edition: 01 Sep 2010

Contents

Art. 1	Eligibility	Art. 5	Deductible
Art. 2	Insured benefits	Art. 6	Advantages of «LeClub»
Art. 3	Scope of benefits	Art. 7	Premiums
Art. 4	Entitlement to benefits		

The following provisions are subject to the General Terms and Conditions for Supplemental Health and Accident Insurance (CGC), under the Federal Law on Insurance Contracts (LCA/VVG), version of 1 September 2010, of Mutuel Assurances SA.

Art. 1 Eligibility

1. Global supplemental insurance is open to persons of all ages.
2. Insureds ages 0 to 18, i.e. until 31 December of the year coinciding with their 18th birthday, are granted the supplemental benefits described in Article 2, paragraph 2, under the heading Global junior.
3. From 1 January of the year coinciding with their 55th birthday, insureds are granted the supplemental benefits described in Article 2, paragraph 3, under the heading Global senior.
4. If a person has already contracted comparable coverage with another insurer and cannot for the time being terminate that insurance, he may join Global insurance exclusively for the benefits designated in Article 2, paragraph 4, under the heading Global temporis.

Art. 2 Insured benefits

1. General

The following benefits are covered supplementally to compulsory health insurance:

1. Hospitalisation

1. Insurance class

Free choice of recognised hospital facility in Switzerland, in general or psychiatric wards, for treatment of acute conditions.

2. Benefits

a. General principles

In case of hospitalisation, the Insurer covers the cost of treatment, and room and board.

b. Hospitalisation abroad

If an insured falls ill or has an accident and is hospitalised abroad, the Insurer will grant him a maximum daily allowance of CHF 500 for no more than 60 days per calendar year.

Voluntary treatment abroad cannot be covered without the Insurer's prior consent.

3. Scope and duration of benefits

Payment of hospitalisation benefits is subject to the following terms and conditions:

a. The Insurer covers the cost of recognised treatments, within the meaning of LAMal/KVG, of hospital boarding costs and of doctors' fees in accordance with tariff agreements or cantonal regulations.

b. The Insurer reserves the right to restrict the entitlement to benefits if the fees charged for room and board or for medical services are overpriced.

c. The present insurance does not cover organ transplants for which the SVK (Fédération Suisse pour Tâches Communes des assureurs maladie/Schweizerischer Verband für Gemeinschaftsaufgaben der Krankenversicherer, Solothurn) has agreed specific lump-sum rates. This rule also applies to hospital facilities not bound by agreed lump-sum rates.

d. The entitlement to benefits ceases as soon as the condition is no longer deemed acute.

e. For psychiatric facilities, coverage for hospitalisation benefits is limited to 60 days' hospitalisation in any given calendar year.

4. Obligations of the insured

Prior to each hospitalisation, the insured shall check that the facility, hospital ward or clinic where he is to be treated is recognised by the Insurer.

2. Supplemental treatment

The Insurer covers the following benefits within the limits stipulated in Article 3 (see table):

1. Restricted drugs

The applicable percentage of the cost of drugs

not covered by compulsory health insurance, excluding pharmaceutical products for special application (LPPA/LPPV).

2. Non-reimbursable drugs

The applicable percentage of the cost of drugs which are not on any official list (LS-LMT) and are not covered by compulsory health insurance, excluding pharmaceutical products for special application (LPPA/LPPV).

3. Alternative medicine

The Insurer will cover the cost of the following therapies provided they are administered by a doctor licensed to practice in Switzerland or by a natural therapy practitioner recognised by the Insurer and member of one of the following associations:

- Association des praticiens en thérapie naturelle/Naturärzte-Vereinigung der Schweiz (APTN/NVS/ATN);
- Association romande des thérapeutes (ART);
- Société suisse des médecins naturalistes/Gesellschaft Schweizer Naturheilärzte (SSMN/GSN);
- Fondation pour la reconnaissance et le développement des thérapies alternatives et complémentaires/Stiftung zur Anerkennung und Entwicklung der Alternativ- und Komplementärmedizin (ASCA);
- Association suisse d'étiopathie/Vereinigung Schweizerischer Ätiopathen (ASE);
- Fédération des praticiens de santé en naturopathie (FSPN);
- Fédération des praticiens de santé en naturopathie (FSPN);
- Registre suisse des ostéopathes/Schweizerisches Register der Osteopathen (RSO/SRO);
- Other associations may be accepted.

The Insurer reserves the right to exclude certain natural therapy practitioners recognised by the above associations. A list of practitioners whose services are reimbursed is available to insureds.

Naturopathy:

Acupuncture, electroacupuncture, aromatherapy, biotherapy, chromotherapy, homeopathy, iridology, laser therapy, magnetotherapy, moratherapy, oxygenotherapy, sympathicotherapy, cupping, herbal medicine, phytotherapy, auriculotherapy, magnetic therapy, colonic hydrotherapy.

Manipulation techniques:

lymphasizing, etiopathy, postural integration, kinesiology, massage therapies, orthobionomy, osteopathy, reflexology, energy balancing, rolfing, shiatsu, acupressure, mesotherapy, anthroposophic medicine, autogenic training, reiki.

Psychotherapy:

Bio-energetics, sophrology, Tomatis method:

- Voluntary changes in therapy or practitioner in the course of a treatment are subject to the Insurer's prior consent;
- Sophrology treatments will be reimbursed

provided they are administered by a doctor, a doctor-sophrologist with an ASS diploma, or a sophrologist who is not a doctor but holds an ASS diploma.

4. Cures in Switzerland

The Insurer will pay a contribution to the cost of bath cure treatment and to convalescence cures in recognised facilities for maximum 30 days per calendar year. An application accompanied by the medical prescription must be submitted to the Insurer at least 20 days before the start of the cure.

5. Thermal cures abroad

Subject to the Insurer's prior authorisation, contribution to the cost of medically necessary thermal cure treatment abroad. An application accompanied by the medical prescription must be submitted to the Insurer at least 20 days before the start of the cure.

6. Tariff supplements

For outpatient treatment in Switzerland, the difference between the rates at the insured's place of work or residence, and those at the place of residence of the provider of health care services.

7. Personal expenses indemnity during hospitalisation

Against presentation of supporting invoices, a single indemnity payment will be allocated for each hospital stay lasting longer than 8 days.

8. Hospital accommodation for family member

If the insured is hospitalised, the Insurer will cover the cost of hospital accommodation for one family member provided such cost is medically necessary.

9. Home help and placement cost

The following will be reimbursed subject to prior insured's application:

- the percentage share of the cost of home help hired from an official service to attend to the insured's daily household and housekeeping tasks, provided such home help is medically necessary. All other costs are excluded (general cleaning etc.);
- the cost of temporary placement for family members cohabiting with the insured if the latter has to be hospitalised on medical grounds. Family members have to be placed with an official institution.

10. Orthoptics

The specified percentage of treatment cost in accordance with AI/IV tariff.

11. Spectacles and contact lenses

The specified amount for the purchase of prescribed spectacles or contact lenses in Switzerland or abroad which is not covered by compulsory health insurance.

12. Orthopaedic and prosthetic appliances

The cost of purchasing and renting medically prescribed orthopaedic equipment and auxiliary appliances (excluding dental prostheses) in accordance with the Insurer's list of reimbursable costs.

13. Childbirth preparation classes

The specified amount for painless childbirth preparation classes or childbirth preparation which is not covered by compulsory health insurance.

14. One-time breast-feeding indemnity
Breast-feeding indemnity provided the mother breast-feeds her baby for at least 30 days and that that duration is certified by the doctor or mid-wife. In cases of multiple births, an indemnity is paid for each child.
15. Ultrasound scans and mammographies
The specified amount for ultrasound scans and mammographies not covered by compulsory health insurance.
16. Vaccinations
Vaccination costs for vaccinations that are not included in the ordinance on compulsory health insurance benefits and which are necessary in Switzerland or are prescribed for trips abroad.
17. Elisa or HIV tests
The Insurer pays an annual contribution towards the cost of preventive tests prescribed and carried out by recognised health care providers.
18. Voluntary sterilisation
The specified percentage of the cost of the operation in accordance with the tariffs which would have applied under compulsory health insurance.
19. Dental treatment in case of accident
The specified 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.
20. Dental treatment in case of illness
The specified 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.
21. Transport costs
The Insurer will pay a contribution towards the cost of transport to the nearest hospital facility or doctor following an insured illness or accident provided such transport is medically necessary and is not covered by compulsory health insurance. This contribution is only granted for transport by ambulance, helicopter or by a search and rescue action.
Public transport costs (bus or train) for outpatient treatment will also be reimbursed if such treatment serves to avoid hospitalisation.
22. Independent psychologists and non-doctor psychotherapists
The Insurer covers the cost of medically prescribed treatment administered by independent psychologists and non-doctor psychotherapists.

3. Groupe Mutuel Assistance

The benefits specified in the general terms and conditions of Group Mutuel Assistance (repatriation and

transport if the insured event occurs more than 20 km from the insured's domicile).

4. Lump-sum death benefit

A lump-sum benefit of CHF 2,000 will be paid to the insured's beneficiaries in the event of death following an illness or accident provided that, when he died, the insured was no younger than 3 and no older than 55. The survivors of the deceased are entitled to the lump-sum death benefit in the following order: his spouse; failing him, his children; failing them, his parents; failing them, the other legal heirs. The insured may modify the order of beneficiaries by a written application to his health insurer. A death certificate or another requisite document must be presented to the Insurer. The Insurer may deduct any amounts owed to it by the deceased (premiums, coinsurance amounts, etc.) from the death benefit due to the beneficiaries. The entitlement to death benefits expires, without further notice, two years after the insured's death unless a death certificate is presented beforehand to the insurer.

2. Global junior

Supplemental benefits:

a. Home care for sick children

Benefits are payable if home care is provided by a person from an institution recognised by the Insurer.

b. Contribution for sports or nature

Against presentation of a supporting invoice, reimbursement of a share of the active member's fee in a sports club or association recognised by the Insurer.

3. Global senior

Supplemental benefits:

a. Palliative care

The Insurer will pay a contribution to the cost of palliative treatment, i.e. medical and nursing care for persons at the end of life, administered at home by duly qualified persons under the supervision of an institution recognised by the Insurer.

A prior application must be submitted to the Insurer who will determine the amount of the contribution on a case-by-case basis.

b. Health and fitness cures

The Insurer pays an annual contribution for a health and fitness cure at recognised facilities offering a specific programme in the field.

c. Nutrition advisor and classes

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

4. Global temporis

- a. Global temporis provides temporary Global coverage to persons having comparable coverage with another insurer.
- b. Global temporis covers the supplemental benefits described in sections 2.1.2, 2.1.3, 2.2 and 2.3; it does not cover the benefits contemplated in sections 2.1.1. (hospitalisation) and 2.1.4 (death benefit).
- c. For the supplemental treatment covered by Global temporis, benefits are equal to 30% of the benefits offered by Global.
- d. Global temporis benefits are payable in addition to those

paid by the other insurer.

- e. By granting an insured Global temporis coverage, the Insurer simultaneously undertakes to extend to him full Global coverage, without a new medical examination, from the date indicated on the Global temporis certificate. The transfer to full Global coverage must take place within 3 years at the latest.
- f. Any participation by the Insurer in deductibles and co-insurance amounts of other insurers is excluded.
- g. For the life of Global temporis coverage, the premium is reduced compared with the Global premium.
- h. Article 30(1) of the General Terms and Conditions of Supplemental Health and Accident Insurance granting the insured the right to terminate the policy is not applicable to the transfer from Global temporis to Global coverage or the corresponding premium adjustment.
- i. Any time limits applying to benefits paid under Global temporis coverage will also count for the calculation of benefit entitlements after the transfer to Global coverage.

Art. 3 Scope of benefits

The benefits contemplated in Article 2 are payable within the limits and amounts indicated in the «Table of Global Benefits».

Art. 4 Entitlement to benefits

1. The insured is entitled to benefits as soon as the insurance policy comes into effect.
2. Entitlement to maternity and childbirth benefits commences upon completion of 12 months' insurance. The term of coverage under Global temporis does not count for calculating that entitlement.
3. Benefits are imputed to the annual insured sum chronologically, by order of treatment date. Costs incurred after entitlements are exhausted cannot be carried forward to the next year.
4. As provided in the present terms and conditions of insurance, the Insurer will reimburse any costs not covered by compulsory health insurance provided the treatment is carried out by a practitioner or a person who is duly authorised and recognised by the Insurer. Under no circumstances may the insurance benefits regulated by these terms and conditions be used for co-payments and deductibles under compulsory insurance or other supplemental insurance coverage.

Art. 5 Deductible

Insureds have the following options:

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

Global temporis is concluded without deductible for its entire duration.

Art. 6 Advantages «LeClub»

When he contracts Global insurance, the insured is entitled to all the advantages of «LeClub» membership including in particular:

1. Reduced rates in hotels
The Insurer keeps a list of the hotels offering reduced rates.
2. Credit card reductions
Insureds may apply for or renew their credit card at the reduced rates indicated on the list kept by the Insurer.
3. Rebates in drugstores, pharmacies and other shops
The Insurer keeps a list of the drugstores, pharmacies and other shops offering rebates.

Art. 7 Premiums

When an insured person reaches the last year of his age group, he will be automatically transferred into the next age group at the beginning of the next calendar year. The applicable age groups are:

- from 0 to 18;
- from 19 to 25;
- from age 26, age groups are graduated in 5-year brackets.

Type of benefits	Global 1	Global 2	Global 3
Restricted drugs	70% max. CHF 800 per calendar year	90% max. CHF 800 per calendar year	90%, max. CHF 1,000 per calendar year
Non-reimbursable drugs	70% max. CHF 800 per calendar year	90% max. CHF 800 per calendar year	90%, CHF 1,000 per calendar year
Alternative medicine	60% max. CHF 2,000 per calendar year	80% max. CHF 2,000 per calendar year	80% max. CHF 3,000 per calendar year
Thermal cures in Switzerland	60% max. CHF 300 max. 30 days per calendar year	60% max. CHF 300 per calendar year	80% max. CHF 500, max. 30 days per calendar year
Convalescence cures	CHF 20 per day, max. 30 days per calendar year	CHF 20 per day, max. 30 days per calendar year	CHF 25 per day, max. 30 days per calendar year
Convalescence cures following hospitalisation	CHF 40 per day, max. 30 days per calendar year	CHF 40 per day, max. 30 days per calendar year	CHF 50 per day, max. 30 days per calendar year
Thermal cures abroad	no benefits	no benefits	50% max. CHF 500 per calendar year
Tariff supplements	no benefits	CHF 600 per calendar year	CHF 800 per calendar year
Personal expenses indemnity in case of hospitalisation	CHF 100 per case	CHF 100 per case	CHF 200 per case
Hospital accommodation for family member	CHF 500 per calendar year	CHF 500 per calendar year	CHF 600 per calendar year
Home help and placement cost	70% max. CHF 1,500 per calendar year	90% max. CHF 1,500 per calendar year	90% max. CHF 2,500 per calendar year
Orthoptics	50% max. CHF 2,000 per calendar year	50% max. CHF 2,000 per calendar year	80% max. CHF 3,000 per calendar year
Spectacles and contact lenses	CHF 100 per 3-year period	CHF 100 per 3-year period	CHF 150 per 3-year period
Orthopaedic and prosthetic appliances	CHF 300 per calendar year	CHF 300 per calendar year	CHF 400 per calendar year
Childbirth preparation classes	CHF 150 per pregnancy	CHF 150 per pregnancy	CHF 150 per pregnancy
One-time breast-feeding indemnity	CHF 100 per child	CHF 100 per child	CHF 100 per child
Ultrasound scans and mammographies	CHF 150 per calendar year	CHF 150 per calendar year	CHF 200 per calendar year
Vaccinations	70% max. CHF 150 per calendar year	90% max. CHF 150 per calendar year	90% max. CHF 200 per calendar year
Elisa or HIV tests	CHF 50 per calendar year	CHF 50 per calendar year	CHF 50 per calendar year
Voluntary sterilisation	60% max. CHF 300	80% max. CHF 300	80% max. CHF 400
Dental treatment: in case of accidents	60% max. CHF 4,000 per case	80% max. CHF 4,000 per case	80% max. CHF 6,000 per case
Dental treatment: in case of illness	60% max. CHF 100 per 3-year period	80% max. CHF 100 per 3-year period	80% max. CHF 150 per 3-year period
Transport costs	60% max. CHF 1,000 per calendar year	80% max. CHF 1,000 per calendar year	80% max. CHF 2,000 per calendar year
Indep. psychologists and non-doctor psychotherapists	60%, max. CHF 600 per calendar year	70% max. CHF 600 per calendar year	80% max. CHF 700 per calendar year
Hospitalisation	public ward throughout Switzerland	public ward throughout Switzerland	public ward throughout Switzerland
Lump-sum death benefit	CHF 2,000 death by illness or accident	CHF 2,000 death by illness or accident	CHF 2,000 death by illness or accident
Gruppe Mutuel Assistance	Emergency medical assistance, support and repatriation for trips and stays abroad	Emergency medical assistance, support and repatriation for trips and stays abroad	Emergency medical assistance, support and repatriation for trips and stays abroad
«Le Club» Advantages Global Junior (ages 0 to 18)	Reductions in some hotels and shops	Reductions in some hotels and shops	Reductions in some hotels and shops
Home care for sick children	CHF 200 per calendar year	CHF 250 per calendar year	CHF 300 per calendar year
Contribution for sports or nature	CHF 30 per calendar year	CHF 30 per calendar year	CHF 30 per calendar year
Global senior (from age 56)			
Palliative care	90% max. CHF 2,000 per calendar year	90% max. CHF 2,500 per calendar year	90% max. CHF 3,000 per calendar year
Health and fitness cures	CHF 300 per calendar year	CHF 300 per calendar year	CHF 300 per calendar year
Nutrition advisor and classes	50% max. CHF 150 per calendar year	50% max. CHF 200 per calendar year	50% max. CHF 250 per calendar year