

Special Terms and Conditions for Bonus Supplemental Health Insurance Plan

SB

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Contents

Art. 1	Acceptance conditions	Art. 7	Deductible
Art. 2	Annual insurable amounts	Art. 8	Premiums
Art. 3	Entitlement to benefits	Art. 9	Premium scale
Art. 4	Exaggerated fees and invoices	Art. 10	Variation of premium scale
Art. 5	Healthcare benefits	Art. 11	Rights and obligations of the insured
Art. 6	Scope of benefits		

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 Acceptance conditions

The Bonus Supplemental Health Insurance Plan is open to all persons, without any age limit.

Art. 2 Annual insurable amounts

The Insurer guarantees the benefits under these Special Terms and Conditions, up to the following amounts:

- Coverage per calendar year: CHF 8,000 SB1;
- Coverage per calendar year: CHF 10,000 SB2;
- Coverage per calendar year: CHF 15,000 SB3;
- Coverage per calendar year: CHF 20,000 SB4.

Art. 3 Entitlement to benefits

- The insured is entitled to benefits from the effective date of the insurance policy.
- Benefits payable in this insurance category are supplemental to compulsory insurance benefits.
- Benefits are imputed on the insured amount per calendar year. The rights of the insured who has used up his amount are renewed for the 1st of January of the following year. Costs incurred after entitlements are exhausted cannot be carried forward to the following year.
- In the event benefits are covered under the Vitalis insurance (SP), the dental care insurance (DP) and dental costs' insurance (TD) as well as under the Bonus Supplemental Health Insurance Plan (SB), the benefits provided by the latter shall be paid after those of the Vitalis, dental care and dental costs' insurances.

Art. 4 Exaggerated fees and invoices

The Insurer has the right to contest any fees or invoices which it considers clearly excessive, and to restrict its benefits.

Art. 5 Healthcare benefits

- The Insurer shall reimburse any costs not covered by compulsory health insurance, by other social or private insurances or by a third party, within the limits of these Special Terms and Conditions, provided the treatment is carried out by a doctor or person who is duly authorised and recognised by the Insurer. Under no circumstances may the insurance benefits governed by these Special Terms and Conditions be used to cover legal co-insurance payments and deductibles under compulsory health insurance or other supplemental insurance.
- The Insurer provides the following benefits, within the limits of Article 6 (see table):
 - Restricted drugs (SB1, SB2, SB3 and SB4)
The allotted percentage of the cost of drugs which are not covered by compulsory health insurance, except for drugs on the list of pharmaceutical products which are for the insured's account.
 - Unlisted drugs (SB1, SB2, SB3 and SB4)
The allotted percentage of the cost of drugs which are not on the official lists of reimbursable drugs (LS-LMT) and are not covered by compulsory health insurance; excepted are the drugs on the list of pharmaceutical products for special application (LPPA/LPPV).
 - Alternative medicine (SB2, SB3 and SB4)
The Insurer will cover the cost of the following therapies provided they are administered by a qualified doctor or a natural therapy practitioner recognised by the Insurer and member of the following associations:
 - Association des praticiens en thérapeutique naturelle (APT/NVS/ATN);
 - Association romande des thérapeutes (ART);

- Société suisse des médecins naturalistes (SSMN);
- Swiss Foundation for Complementary Medicine (ASCA);
- Association suisse d'étiopathie (ASE);
- Fédération des praticiens de santé en naturopathie (FSPN);
- Swiss Register of Osteopaths (SRO).

The Insurer has the right to exclude certain natural therapeutic practitioners recognised by the above associations. The Insurer can provide to the insured a list of practitioners whose services are not reimbursed by the Insurer.

List of alternative medicine therapies

Naturopathy:

acupuncture, aromatherapy, biotherapy, chromo-therapy, electroacupuncture, homeopathy, iridology, laser therapy, magnetotherapy, morotherapy, oxygenotherapy, sympatricotherapy, cupping, herbal medicine, phytotherapy, auriculotherapy.

Manipulation techniques:

lymphasizing, etiopathy, postural integration, kinesiology, polarity, massages, ortho-bionomy, 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. Osteopathy (SB1, SB2, SB3 and SB4)
The allotted percentage of the treatment costs.
 5. Acupuncture, homeopathy, electroacupuncture, sophrology (SB1, SB2, SB3 and SB4)
The allotted percentage of the cost of treatments administered by a doctor and that are not reimbursed under compulsory healthcare insurance.
 6. Cures in Switzerland (SB1, SB2, SB3 and SB4)
Contribution to the cost of thermal and convalescence cures in recognised facilities for a maximum of 30 days per calendar year. An application accompanied by the medical prescription shall be submitted to the Insurer at least 20 days before the start of the cure.
 7. Thermal cures abroad (SB3 and SB4)
Subject to the Insurer's prior authorisation, contribution to the cost of medically indicated thermal cure treatment abroad. The application accompanied by the medical prescription shall be submitted to the Insurer at least 20 days before the start of the cure.
 8. Tariff supplements (SB1, SB2, SB3 and SB4)
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 healthcare provider. Coverage is limited to the amounts set according to Article 6 below.

9. Personal expenses indemnity during hospitalisation (SB1, SB2, SB3 and SB4)

A single all-inclusive payment will be allocated for each hospital stay lasting more than eight days.

10. Hospital accommodation for a family member (SB1, SB2, SB3 and SB4)

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

11. Home help and placement costs (SB1, SB2, SB3 and SB4)

The following will be reimbursed subject to prior application by the insured:

- 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.

12. Orthoptics (SB1, SB2, SB3 and SB4)

The specified percentage of the treatment costs, in accordance with the AI/IV tariff.

13. Glasses and contact lenses (SB2, SB3 and SB4)

The specified contribution to the cost of prescribed glasses or contact lenses in Switzerland or abroad which are not covered by compulsory health insurance.

14. Orthopaedic and prosthetic appliances (SB1, SB2, SB3 and SB4)

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.

15. Childbirth preparation classes (SB1, SB2, SB3 and SB4)

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

16. One-time breastfeeding allowance (SB1, SB2, SB3 and SB4)

Breastfeeding allowance provided the mother breastfeeds her baby for at least 30 days and that that duration is certified by the doctor or midwife. In cases of multiple births, an allowance is paid for each child.

17. Ultrasound scans (SB1, SB2, SB3 and SB4)

The specified amount for ultrasound scans not covered by compulsory health insurance.

18. Vaccinations (SB1, SB2, SB3 and SB4)

Vaccination costs that are not included in the ordinance on compulsory health insurance benefits and which are necessary in Switzerland or prescribed for trips abroad.

19. Elisa or HIV tests (SB1, SB2, SB3 and SB4)

The Insurer pays an annual contribution towards the cost of preventive tests prescribed and carried out by recognised healthcare providers.

20. Voluntary sterilisation (SB1, SB2, SB3 and SB4)

The specified percentage of the cost of the opera-

tion, in accordance with the tariffs which would apply in the compulsory health insurance.

21. Dental treatment in case of accident (SB1, SB2, SB3 and SB4)

The specified 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.

22. Dental treatment in case of illness (SB2, SB3 and SB4)

The specified 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.

23. Transport costs (SB1, SB2, SB3 and SB4)

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 (train or bus) in connection with outpatient treatment designed to avoid hospitalisation are also reimbursed.

24. Groupe Mutuel Assistance (SB1, SB2, SB3 and SB4)

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's domicile).

Art. 6 Scope of benefits

The benefits contemplated in Article 5 are payable within the limits and amounts indicated in the following table: (see last page)

Art. 7 Deductible

1. The benefits under this insurance branch are subject to an annual deductible of CHF 50.
2. The benefits under Groupe Mutuel Assistance are not subject to a deductible.

Art. 8 Premiums

1. 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:
 - children: from 0 to 18;
 - young adults: from 19 to 25;
 - from age 26, age groups are graduated in five-year brackets.
2. Premiums take into account the above-mentioned age brackets and the premium scales.

Art. 9 Premium scale

1. For the year an insured joins and the following year, premium level 5 applies.
2. The following premium levels are applicable:

Premium scale	% of the SB premium
10	140
9	130
8	120
7	110
6	100
5	90
4	80
3	70
2	60
1	50

Art. 10 Variation of premium scale

1. If, during a given reference period, the insured is not paid any benefits, his premium for the following calendar year will be calculated based on the immediately following (lower) premium level, provided he has not already reached the lowest level on the scale.
2. The period from 1 July to 30 June is the reference period for establishing whether an insured has been granted supplemental bonus health insurance benefits. The payment date by the Insurer is the decisive date for the allocation of benefits to the reference period.
3. If, during any given reference period, the insured is granted any benefits (amounts covered by the Insurer), the premium for the following calendar year will be increased as follows:
 - CHF 0 to CHF 50, no increase in scale;
 - CHF 50 to CHF 200, increase by one level;
 - CHF 200 and more, increase by two levels.The premium level cannot be increased beyond level 10 or 140% of the ordinary premium.
4. Any change in the premium scale is not considered as an adjustment of premiums within the meaning of the General Terms and Conditions for Supplemental Health and Accident Insurance (CGC). In this case, the right to terminate the insurance in the event of a premium adjustment is not applicable.

Art. 11 Rights and obligations of the insured

1. If the Insurer receives an invoice more than 12 months after the invoice date and the insured has unduly benefited from a reduction in premiums, the Insurer shall be entitled to reduce its benefits by the amount of the unduly saved premium.
2. In the cantons applying a third-party payer system for the reimbursement of benefits, the insured may, within 30 days of receiving the Insurer's statement of account, repay to the Insurer the benefits paid in order to preserve his bonus entitlement.

	1	2	3	43
Level of benefits				
Restricted drugs (Art. 5, para. 2, item 1)	90% of drugs, max. CHF 600 per calendar year	90% of drugs, max. CHF 800 per calendar year	90% of drugs, max. CHF 1,000 per calendar year	90% of drugs, max. CHF 1,200 per calendar year
Unlisted drugs (Art. 5, para. 2, item 2)	90% of drugs, max. CHF 600 per calendar year	90% of drugs, max. CHF 800 per calendar year	90% of drugs, max. CHF 1,000 per calendar year	90% of drugs, max. CHF 1,200 per calendar year
Alternative medicine (Art. 5, para. 2, item 3)	no benefits	80% of costs, max. CHF 2,000 per calendar year	80% of costs, max. CHF 3,000 per calendar year	80% of costs, max. CHF 3,000 per calendar year
Osteopathy (Art. 5, para. 2, item 4)	50% of costs, max. CHF 500 per calendar year	see alternative medicine	see alternative medicine	see alternative medicine
Acupuncture, homeopathy, electroacupuncture, sophrology (Art. 5, para. 2, item 5)	50% of costs, max. CHF 500 per calendar year	see alternative medicine	see alternative medicine	see alternative medicine
Thermal cures in Switzerland (Art. 5, para. 2, item 6)	50% of costs, max. CHF 250 per calendar year	60% of costs, max. CHF 300 per calendar year	80% of costs, max. CHF 500 per calendar year	80% of costs, max. CHF 750 per calendar year
Convalescence cures (Art. 5, para. 2, item 6)	CHF 15 per day, max. 30 days per case	CHF 20 per day, max. 30 days per case	CHF 25 per day, max. 30 days per case	CHF 25 per day, max. 30 days per case
Convalescence cures, following hospitalisation (Art. 5, para. 2, item 6)	CHF 30 per day, max. 30 days per case	CHF 40 per day, max. 30 days per case	CHF 50 per day, max. 30 days per case	CHF 50 per day, max. 30 days per case
Thermal cures abroad (Art. 5, para. 2, item 7)	no benefits	no benefits	50% of costs, max. CHF 500 per calendar year	80% of costs, max. CHF 1,000 per calendar year
Tariff supplements (Art. 5, para. 2, item 8)	CHF 500 per calendar year	CHF 600 per calendar year	CHF 800 per calendar year	CHF 1,000 per calendar year
Personal expenses indemnity in case of hospitalisation (Art. 5, para. 2, item 9)	CHF 100 per case	CHF 100 per case	CHF 200 per case	CHF 200 per case
Hospitalisation for family member (Art. 5, para. 2, item 10)	CHF 400 per calendar year	CHF 500 per calendar year	CHF 600 per calendar year	CHF 700 per calendar year
Home help and placement costs (Art. 5, para. 2, item 11)	CHF 1,000 per calendar year	CHF 1,500 per calendar year	CHF 2,500 per calendar year	CHF 3,000 per calendar year
Orthoptics (Art. 5, para. 2, item 12)	50% of costs, max. CHF 1,000 per calendar year	50% of costs, max. CHF 2,000 per calendar year	80% of costs, max. CHF 3,000 per calendar year	80% of costs, max. CHF 4,000 per calendar year
Glasses and contact lenses (Art. 5, para. 2, item 13)	no benefits	CHF 100 per three-year period	CHF 150 per three-year period	CHF 200 per three-year period
Orthopaedic and prosthetic appliances (Art. 5, para. 2, item 14)	CHF 200 per calendar year	CHF 300 per calendar year	CHF 400 per calendar year	CHF 500 per calendar year
Childbirth preparation classes (Art. 5, para. 2, item 15)	CHF 150 per case	CHF 150 per case	CHF 150 per case	CHF 150 per case
One-time breastfeeding allowance (Art. 5, para. 2, item 16)	CHF 100	CHF 100	CHF 100	CHF 100
Ultrasound scans (Art. 5, para. 2, item 17)	CHF 80 per maternity case	CHF 150 per maternity case	CHF 200 per maternity case	CHF 250 per maternity case
Vaccinations (Art. 5, para. 2, item 18)	90% of costs, max. CHF 100 per calendar year	90% of costs, max. CHF 150 per calendar year	90% of costs, max. CHF 200 per calendar year	90% of costs, max. CHF 250 per calendar year
Elisa or HIV test (Art. 5, para. 2, item 19)	CHF 50 per calendar year	CHF 50 per calendar year	CHF 50 per calendar year	CHF 50 per calendar year
Voluntary sterilisation (Art. 5, para. 2, item 20)	80% of costs, max. CHF 200	80% of costs, max. CHF 300	80% of costs, max. CHF 400	80% of costs, max. CHF 500
Dental treatment in case of accident (Art. 5, para. 2, item 21)	80% of costs, CHF 3,000 per case	80% of costs, CHF 4,000 per case	80% of costs, CHF 6,000 per case	80% of costs, CHF 8,000 per case
Dental treatment in case of illness (Art. 5, para. 2, item 22)	no benefits	80% of costs, max. CHF 100 per three-year period	80% of costs, max. CHF 150 per three-year period	80% of costs, max. CHF 200 per three-year period
Transport costs (Art. 5, para. 2, item 23)	50% of costs, max. CHF 500 per calendar year	80% of costs, max. CHF 1,000 per calendar year	80% of costs, max. CHF 2,000 per calendar year	80% of costs, max. CHF 2,500 per calendar year
Insured amount per calendar year	CHF 8,000	CHF 10,000	CHF 15,000	CHF 20,000
Groupe Mutuel Assistance (Art. 5, para. 2, item 24)	benefits exceeding the compulsory healthcare insurance	benefits exceeding the compulsory healthcare insurance	benefits exceeding the compulsory healthcare insurance	benefits exceeding the compulsory healthcare insurance