

Special Terms and Conditions for Dental Care (Dentaire plus) Insurance

DP

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Table of Contents

Art. 1	Purpose of insurance	Art. 7	Exclusions
Art. 2	Eligibility	Art. 8	Reference Tariff
Art. 3	Benefits	Art. 9	Claims procedure
Art. 4	Entitlement to benefits	Art. 10	Premium
Art. 5	Prophylaxis	Art. 11	Deductible
Art. 6	Benefits abroad	Art. 12	Cancellation of exclusions

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 insurance

1. Category DP (Dentaire plus dental care insurance) provides dental care benefits, against payment of the corresponding premiums, in accordance with these Special Terms and Conditions.
2. Benefits payable under this insurance are supplemental to compulsory insurance benefits.

Art. 2 Eligibility

1. DP insurance coverage is open to all persons under 60.
2. Acceptance is based on a form issued by the Insurer and signed by the applicant or the applicant's legal representative, together with a medical certificate issued by a dentist.
3. The Insurer will pay the dentist's fee for the certificate, up to a maximum of CHF 50.

Art. 3 Benefits

1. DP dental care insurance covers only treatment provided by a dentist holding a federal diploma, in accordance to the following classes:
 - Class 1:** 75% of the amount invoiced based on the tariff, up to maximum CHF 1,000 per calendar year.
 - Class 2:** 75% of the amount invoiced based on the tariff, up to maximum CHF 2,000 per calendar year.
 - Class 3:** 75% of the amount invoiced based on the tariff, up to maximum CHF 4,000 per calendar year.
 - Class 4:** 75% of the amount invoiced based on the tariff, up to maximum CHF 6,000 per calendar year.
2. For a surcharge, the following class 5 coverage is available supplementally to classes 1 to 4:
 - Class 5:** for dental laboratory costs, 75% of the invoiced tariff amount up to maximum CHF 1,000 per

calendar year in case of illness and CHF 10,000 per calendar year in case of accident.

3. In classes 1 to 5, claims for damage to teeth caused by an accident or illness will be paid up to the insured amount.

Art. 4 Entitlement to benefits

1. An insured shall be immediately entitled to benefits for dental treatment following accidents which occur after the policy comes into effect.
2. For all other dental treatment, benefits will be granted at the earliest when the insured remits to the Insurer a report prepared by a qualified dentist with a federal diploma showing that his teeth are in perfect condition. Notwithstanding, and subject to Article 4.3, benefits are not payable by the Insurer before the lapse of a one-month waiting period.
3. Benefits for orthodontic treatment (tooth replacement, crowns, pivots, bridges, partial or full prostheses, etc.) in case of accidents will be granted as soon as the insurance comes into effect; in all other cases, such benefits will not be granted until the insured has been covered by the insurance for at least 6-months.
4. When an insured withdraws from DP coverage, he loses all claims under the insurance, including for subsequent treatment.
5. Where dental benefits under SC and SB supplemental insurances overlap with DP (Dentaire Plus) dental benefits, the latter are payable first.

Art. 5 Prophylaxis

In classes 1 to 4, a contribution of CHF 75 is payable once a year for a prophylactic dental check-up.

Art. 6 Benefits abroad

Subject to the Insurer's prior consent, treatment abroad will be covered provided the foreign medical practitioners have equivalent qualifications to Swiss qualifications and that the costs do not exceed what would have been charged in Switzerland.

Art. 7 Exclusions

1. There is no entitlement to benefits for the replacement of any teeth which were already missing or replaced when the DP insurance was contracted, or for the subsequent replacement or modification of any teeth which had already been replaced at that time, except in the case of accidents occurring after the policy comes into effect. DP insurance does not cover any dental treatment which is required as a result of an accident which took place before the insurance was contracted.
The Insurer reserves the right to exclude treatment which was already contemplated when the insurance proposal was signed.
2. For treatment in respect of which the AI/IV or AMF/MV compulsory accident insurance or a third party are required to pay benefits, the Insurer will not pay any DP benefits even if the insured is required to bear a portion of the cost of such treatment.

Art. 8 Reference Tariff

The Reference Tariff for the calculation of benefits under these Special Conditions is the official LAA/UVG tariff.

Art. 9 Claims procedure

1. As the debtor of the invoice, the insured remains liable for payment vis à vis the dentist.
2. The Insurer grants benefits on the basis of detailed invoices only, taking into account the positions covered by the insurance (invoice for the reimbursement of medical and dental costs issued by SSO - Société suisse d'odontostomatologie). At the Insurer's request, especially in complex cases, the insured shall provide all requisite indications enabling the Insurer to calculate benefits. If such indications are not provided, the Insurer shall set the amounts based on its own estimate. If the invoice does not show the work done, the Insurer shall not be obliged to pay benefits.
3. Accidents must be declared in writing to the Insurer within 5 days. If there is a delay in declaring an accident, the Insurer may unilaterally decide not to pay any benefits for the relevant case.

Art. 10 Premium

An insured person who reaches the last year of his age group during the year will be 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 ages 25 to 71, age groups are graduated in 5-year brackets.

Art. 11 Deductible

1. For a reduced premium, insureds may opt for one of the following deductibles:
 - a. CHF 200 per calendar year;
 - b. CHF 350 per calendar year;
 - c. CHF 500 per calendar year.
2. If coverage starts in the course of a year, the amounts indicated in paragraph 1 will be reduced pro rata temporis.
3. The deductible does not apply to the contribution of CHF 75 per calendar year for a prophylactic dental check-up.

Art. 12 Cancellation of exclusions

The insured may apply for an exclusion to be cancelled by presenting a certificate, issued at his expense, confirming that the sick teeth have been repaired, replaced or extracted.