

Special Terms and Conditions for Supplemental Health Insurance Coverage

SC

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These 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

Supplemental health insurance is open to persons of all ages.

Art. 2 Annual insured sums

The Insurer guarantees the benefits contemplated in these Special Terms and Conditions up to the following annual amounts:

- coverage per calendar year: CHF 8,000 SC1;
- coverage per calendar year: CHF 10,000 SC2;
- coverage per calendar year: CHF 15,000 SC3;
- coverage per calendar year: CHF 20,000 SC4.

Art. 3 Entitlement to benefits

- The insured is entitled to benefits as soon as the insurance policy comes into effect.
- Benefits payable under this insurance are supplemental to compulsory insurance benefits.
- Benefits are imputed to the annual insured sum. If an insured exhausts his insured sum, his entitlement will be renewed from 1 January of the next year. Costs incurred after entitlements are exhausted cannot be carried forward to the next year.
- If any benefits offered under the special health insurance (SP), dental care insurance (DP) and dental cost insurance (TD) overlap with SC or SB supplemental health insurance benefits, the benefits payable under the latter shall be paid after SP, DP and TD supplemental benefits.

Art. 4 Excessive fees and invoices

The Insurer reserves the right to contest fees and other invoices which it regards as being clearly excessive, and to limit its benefits. Are considered excessive, charges for ineffectual, inadequate or uneconomical treatment.

Art. 5 Healthcare benefits

- As provided in these terms and conditions of insurance, the Insurer shall 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 governed by these terms and conditions be used for co-payments and deductibles under compulsory health insurance or other supplemental insurance coverage.
- The Insurer covers the following benefits within the limits stipulated in Article 6 (see table).
 - Restricted drugs (SC1, SC2, SC3 and SC4)
The specified percentage of the cost of drugs not covered by compulsory health insurance with the exclusion of pharmaceutical products for special application (LPPA/LPPV).
 - Non-reimbursable drugs (SC1, SC2, SC3 and SC4)
The specified 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).
 - Alternative medicine (SC2, SC3 and SC4)
The Insurer will reimburse the cost of the following therapies provided they are administered by a doctor holding a Swiss degree or a natural therapy practitioner recognised by the Insurer.
The Insurer reserves the right to exclude certain natural therapy practitioners; a list of practitioners whose services are reimbursed is available to insureds.
Before each treatment, the insured person shall check that the practitioner of his choice is recognised by the Insurer and member of one of the following associations:

- Association des praticiens en thérapie naturelle (APTN/NVS/ATN);
- Association romande des thérapeutes (ART);
- Société suisse des médecins naturalistes (SSMN);
- Assurance santé conseils assistance (ASCA);
- Association suisse d'étiopathie (ASE);
- Fédération des praticiens de santé en naturopathie (FSPN);
- Registre suisse des ostéopathes (RSO).

List of «alternative medicine» therapies

Naturopathy:

Acupuncture, aromatherapy, auriculotherapy, biotherapy, chromotherapy, electroacupuncture, herbal medicine, homeopathy, iridology, laser therapy, magnetotherapy, morotherapy, oxygenotherapy, phytotherapy, sympathicotherapy, cupping.

Manipulation techniques:

Acupressure, lymphasizing, etiopathy, postural integration, kinesiology, massage therapies, anthroposophic medicine, mesotherapy, ortho bionomy, osteopathy, polarity, energy balancing, reflexology, reiki, rolfing, shiatsu, 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.
 - Sophrology treatments are 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 (SC1, SC2, SC3 and SC4)
The specified percentage of the cost of treatment administered by a therapist recognised by the Insurer.
 5. Acupuncture, homeopathy, electro-acupuncture, sophrology (SC1, SC2, SC3 and SC4)
The specified percentage of the cost of treatment not covered by compulsory health insurance, administered by a doctor.
 6. Thermal cures in Switzerland (SC1, SC2, SC3 and SC4)
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.
 7. Thermal cures abroad (SC3 and SC4)
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.
 8. Tariff supplement (SC1, SC2, SC3 and SC4)
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. This benefit is payable within the amounts indicated in Article 6 below.

9. Personal expenses allowance during hospitalisation (SC1, SC2, SC3 and SC4)
A single indemnity payment will be allocated for each hospital stay lasting longer than eight days.
10. Hospital accommodation for family member (SC1, SC2, SC3 and SC4)
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 cost (SC1, SC2, SC3 and SC4)
The following will be reimbursed on prior application:
 - The cost of 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.).
 - 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
The specified percentage of treatment cost in accordance with AI/IV tariff.
13. Glasses and contact lenses (SC2, SC3 and SC4)
The specified amount for the glasses of prescribed spectacles or contact lenses in Switzerland or abroad which is not covered by compulsory health insurance.
14. Orthopaedic and prosthetic appliances (SC1, SC2, SC3 and SC4)
The cost of purchasing or renting medically prescribed orthopaedic equipment and auxiliary appliances (excluding dental prostheses) in accordance with the Insurer's list.
15. Childbirth preparation classes (SC1, SC2, SC3 and SC4)
The specified amount for painless childbirth preparation classes or childbirth preparation which is not covered by compulsory health insurance.
16. One-time breast-feeding indemnity (SC1, SC2, SC3 and SC4)
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 midwife. In case of multiple births, an indemnity is paid for each child.
17. Ultrasound scans (SC1, SC2, SC3 and SC4)
The specified amount for ultrasound scans not covered by compulsory health insurance.
18. Vaccinations (SC1, SC2, SC3 and SC4)
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.

19. Elisa or HIV test (SC1, SC2, SC3 and SC4)

The Insurer will pay an annual contribution towards the cost of preventive tests prescribed and carried out by recognised health care providers.

20. Voluntary sterilisation (SC1, SC2, SC3 and SC4)

The specified percentage of the cost of the operation in accordance with the tariffs which would have applied under compulsory health insurance.

21. Dental treatment following an accident (SC1, SC2, SC3 and SC4)

The specified amount for dental treatment not covered by compulsory health insurance provided such treatment is administered by a dentist with a federal diploma. Dental costs are reimbursed in accordance with the official LAA/UVG tariff.

22. Dental treatment in case of illness (SC2, SC3 and SC4)

The specified amount for dental treatment not covered by compulsory health insurance provided such treatment is administered by a dentist with a federal diploma. Dental costs are reimbursed in accordance with the official LAA/UVG tariff.

23. Transport costs (SC1, SC2, SC3 and SC4)

The Insurer pays a contribution towards transport costs 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 are also reimbursed if such treatment is designed to avoid hospitalisation.

24. Independent psychologists and non-doctor psychotherapists (SC1, SC2, SC3 and SC4)

For insurance policies stipulated before 31 december 1996, the Insurer covers the cost of medically pre-scribed treatment administered by independent psychologists and non-doctor psychotherapists. The entitlement to such benefits is cancelled once they are covered by compulsory health insurance.

25. Groupe Mutuel Assistance (SC1, SC2, SC3 and SC4)

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).

Art. 6 Scope of benefits

The benefits contemplated in Article 5 are payable within the limits and amounts indicated in the table in annex.

Art. 7 Premium

1. 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:
 - from 0 to 18;
 - from 19 to 25;
 - from age 26, age groups are graduated in 5-year brackets.
2. The premium rate also takes into account the insured's age when he entered the insurance.

Art. 8 Deductibles

1. An annual deductible of CHF 50 is charged on this insurance benefits.
2. No deductible is charged on Groupe Mutuel Assistance benefits.

Type of benefits	1	2	3	4
Restricted drugs	90%, max. CHF 600/calendar year	90%, max. CHF 800/calendar year	90%, max. CHF 1,000/calendar year	90%, max. CHF 1,200/calendar year
Non-reimbursable drugs	90%, max. CHF 600/calendar year	90%, max. CHF 800/calendar year	90%, max. CHF 1,000/calendar year	90%, max. CHF 1,200/calendar year
Alternative medicines	no benefits			
Osteopathy	50%, max. CHF 500/calendar year	80%, max. CHF 2,000 /calendar year	80%, max. CHF 3,000 /calendar year	80%, max. CHF 4,000 /calendar year
acupuncture, homeopathy, electroacupuncture, sophrology	50%, max. CHF 500/calendar year			
Thermal cures in Switzerland	50%, max. CHF 250/calendar year	60%, max. CHF 300/calendar year	80% max. CHF 500/calendar year	80%, max. CHF 750/calendar year
Convalescence cures	CHF 15 per day, max. 30 jours/calendar year	CHF 20 per day, max. 30 jours/calendar year	CHF 25 per day, max. 30 jours/calendar year	CHF 25 per day, max. 30 jours/calendar year
Convalescence cures following hospitalisation	CHF 30 par jour, max. 30 jours/calendar year	CHF 40 par jour, max. 30 jours/calendar year	CHF 50 par jour, max. 30 jours/calendar year	CHF 50 par jour, max. 30 jours/calendar year
Thermal cures abroad	no benefits	no benefits	50%, max. CHF 500/calendar year	80%, max. CHF 1,000/calendar year
Tariff supplements	CHF 500/calendar year	CHF 600/calendar year	CHF 800/calendar year	CHF 1,000/calendar year
Personal expenses indemnity in case of hospitalisation	CHF 100/case	CHF 100/case	CHF 200/case	CHF 200/case
Hospital accommodation for family member	CHF 400/calendar year	CHF 500/calendar year	CHF 600/calendar year	CHF 700/calendar year
Home help and placement cost	CHF 1,000/calendar year	CHF 1,500/calendar year	CHF 2,500/calendar year	CHF 3,000/calendar year
Orthoptics	50%, max. CHF 1,000/calendar year	50%, max. CHF 2,000/calendar year	80%, max. CHF 3,000/calendar year	80%, max. CHF 3,000/calendar year
Glasses and contact lenses	no benefits	CHF 100 per 3-year period	CHF 150 per 3-year period	CHF 200 per 3-year period
Orthopaedic and prosthetic appliances	CHF 200/calendar year	CHF 300/calendar year	CHF 400/calendar year	CHF 500/calendar year
Childbirth preparation classes	CHF 150/pregnancy	CHF 150/pregnancy	CHF 150/pregnancy	CHF 150/pregnancy
One-time breast-feeding indemnity	CHF 100	CHF 100	CHF 100	CHF 100
Ultrasound scans	CHF 80/pregnancy	CHF 150 /pregnancy	CHF 200/pregnancy	CHF 250/pregnancy
Vaccinations	90%, max. CHF 100/calendar year	90%, max. CHF 150/calendar year	90%, max. CHF 200/calendar year	90%, max. CHF 250/calendar year
Elisa or HIV tests	CHF 50/calendar year	CHF 50/calendar year	CHF 50/calendar year	CHF 50/calendar year
Voluntary sterilisation	80%, max. CHF 200/calendar year	80%, max. CHF 300/calendar year	80%, max. CHF 400/calendar year	80%, max. CHF 500/calendar year
Dental treatment: in case of accident	80%, max. CHF 3,000/case	80%, max. CHF 4,000/case	80%, max. CHF 6,000/case	80%, max. CHF 8,000/case
Dental treatment: in case of illness	no benefits	80%, max. CHF 100 per 3-year period	80%, max. CHF 150 per 3-year period	80%, max. CHF 200 per 3-year period
Transport costs	50%, max. CHF 500/par année civile	80%, max. CHF 1,000/calendar year	80%, max. CHF 2,000/calendar year	80%, max. CHF 2,500/calendar year
Indep. psychologists and non-doctor psychotherapists	CHF 500/calendar year	CHF 600/calendar year	CHF 700/calendar year	CHF 800/calendar year
Insured sum per calendar year	CHF 8,000	CHF 10,000	CHF 15,000	CHF 20,000
Groupe Mutuel Assistance	Benefits exceeding compulsory health care insurance benefits	Benefits exceeding compulsory health care insurance benefits	Benefits exceeding compulsory health care insurance benefits	Benefits exceeding compulsory health care insurance benefits