
ACCIDENT

Supplementary insurance for inpatient treatment

Supplementary terms Sanitas Corporate Private Care

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Purpose and basis

ACCIDENT is a supplementary insurance plan covering the economic consequences of accident in accordance with the following provisions. The insurance pays costs that exceed the benefits paid under statutory federal accident insurance (UVG/LAA), mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal), federal disability insurance (IV/AS) and federal military insurance (MV/AM).

The basis of these Supplementary Terms is the latest edition of the General Terms of Insurance for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA).

This translation is provided for the sake of convenience. The wording of the German original shall take precedence.

1 Joint provisions

1.1 Definitions

- 1 Acute hospitals are defined as treatment facilities and clinics that are directed and overseen by medical doctors and admit only persons suffering from acute illnesses or accidents. For the present purposes acute hospitals also include psychiatric and rehabilitation clinics.
- 2 Health spas, old-people's homes, nursing homes, chronic care facilities and other facilities not intended for acute care are not defined as acute hospitals for the present purposes.
- 3 Inpatient hospitalisation is defined as a stay of at least 24 hours.
- 4 Acute treatment or acute care is defined as treatment whereby an improvement in the person's state of health can be expected.

1.2 Property damage

- 1 In principle, damage to objects that replace a body part or a bodily function is also insured. The insured may only claim for the replacement of glasses, hearing aids and dentures if they have suffered a physical injury that requires medical treatment.

Also insured up to a maximum of CHF 2,000 per claim is damage to objects that the insured person was wearing or carrying (clothing, goods, etc.), insofar as the damage was caused in connection with an insured accident.

1.3 Relapses and late effects of accidents

If the insured person suffers a relapse or late effects of previous accidents for which the insurer covering the accident is no longer liable to pay, insured benefits falling within five years following the time of the accident will be covered. Once this period has elapsed, if the insured person is still entitled to compensation under statutory federal accident insurance (UVG/LAA), mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal), federal disability insurance (IV/AS) or federal military insurance (MV/AM), Sanitas will pay benefits up to a maximum of CHF 20,000.

1.4 Obligations and qualifications for benefits

- 1 The benefits insured in the event of hospitalisation will be paid provided that acute hospital care is medically indicated.
- 2 Sanitas must be notified of admission to hospital immediately, but within four days at the latest. If a commitment to provide cover is required, Sanitas must be notified two weeks before admission.
- 3 Benefits will be paid for spa therapies only if:
 - The spa therapies are medically necessary and have been prescribed as part of medical treatment by a doctor accredited in Switzerland
 - Sanitas receives the prescription for the spa therapy two weeks before commencement
 - Outpatient treatment is inappropriate and unlikely to be effective and the spa therapy involves therapeutic measures.

1.5 Benefit exclusions

In addition to the benefit exclusions specified in the General Terms of Insurance, no benefits will be paid

- for treatments (e.g. organ transplants) for which the SVK (Schweizerischer Verband für Gemeinschaftsausgaben der Krankenversicherer) has agreed per case, all-inclusive payment arrangements for coverage by mandatory KVG/LAMal insurance.
- for benefit reductions from other insurance companies

2 ACCIDENT COMFORT

2.1 Hospitalisation in Switzerland

- 1 The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in a two-bed room in a semiprivate ward of any acute hospital in Switzerland.
- 2 In the event of hospitalisation in a single room of a private ward, 90% of treatment costs and 75% of the costs of accommodation and nursing care will be paid.

2.2 Emergency hospitalisation outside Switzerland

In the event of emergency acute inpatient treatments during temporary stays abroad of up to 12 months, accommodation, nursing care and treatment costs in an acute hospital (single room in a private ward) will be covered for a maximum of 180 days in hospital, but only for as long as it is neither possible nor appropriate from a medical point of view for the insured to be transported home.

2.3 Hospitalisation abroad for planned treatments

In the event of planned acute inpatient treatments abroad, a maximum of CHF 1,000 per day will be paid towards accommodation, nursing care and treatment costs for one or more accidents for a maximum of 180 days in hospital in any 360 consecutive days. This is subject to the consent of Sanitas.

2.4 Psychiatric clinics

- 1 The costs of acute inpatient treatment (as a direct consequence of insured accidents) in a psychiatric clinic or special psychiatric ward will be paid in accordance with 2.1 above for a maximum of 120 days.
- 2 From the 121st day the insurance will pay the treatment costs plus a maximum of CHF 100 per day towards the costs of accommodation and nursing care. At AHV/AVS retirement age these benefits will continue to be paid for a maximum of 720 days within a period of 900 days.
- 3 In psychiatric clinics or special psychiatric wards without a cantonal mandate, the costs that would have been paid by mandatory basic health insurance for a hospital with a cantonal mandate are paid from the 121st day for up to a total of 600 days, in addition to the benefits set out in para 2 above.
- 4 Hospitalisation in psychiatric clinics abroad within the scope of 2.2 and 2.3 above is included in the benefit period.

2.5 Exceptional out-of-pocket expenses

A maximum of CHF 100 per hospitalisation will be paid for exceptional out-of-pocket expenses incurred directly in connection with inpatient hospitalisation (taxi fares to and from hospital, telephone calls, etc.), provided that receipts are supplied.

2.6 Care at home

- 1 The following benefits will be paid up to the specified amounts for a maximum of 90 days per calendar year on the basis of detailed date-referenced invoices towards the costs of care at home if this care is necessary on medical grounds and prescribed by a doctor:
 - A maximum of CHF 50 per day towards the costs of care at home provided by qualified nurses or nursing auxiliaries
 - A maximum of CHF 50 per day towards the costs of care at home provided by other persons, including relations and persons living in the same household as the insured person, who can prove loss of earnings to this extent due to providing care.
- 2 In total, a maximum of CHF 5,000 per calendar year will be paid towards the costs of care at home.

2.7 Home help

- 1 CHF 25 per hour will be paid on the basis of detailed date-referenced invoices towards the costs of home help provided by a person not living in the same household, provided this help is necessary on medical grounds and prescribed by a doctor. The insured person running the household is entitled to this benefit immediately following hospitalisation or during outpatient treatment if hospitalisation can be avoided.
- 2 A maximum of CHF 750 per calendar year will be paid towards the costs of home help.

2.8 Spa therapies

- 1 A maximum of CHF 90 per day will be paid for a maximum of 21 days per calendar year for inpatient follow-up and spa therapy.
- 2 The obligations and qualifications for benefits specified in 1.4 above shall apply. Sanitas has the right to request an examination by a company-appointed medical doctor before the spa therapy may be undertaken.

2.9 Transport, rescue and search costs

In total, a maximum of CHF 20,000 will be paid per calendar year for:

- Emergency transport to the nearest doctor or to the nearest hospital able to provide appropriate treatment, and ambulances required for transport on medical grounds
- Rescue and search operations for insured people who have had an accident

3 ACCIDENT PRIVATE

3.1 Hospitalisation in Switzerland

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in a single room in a private ward of any acute hospital in Switzerland.

3.2 Emergency hospitalisation outside Switzerland

In the event of emergency acute inpatient treatments during temporary stays abroad of up to 12 months, accommodation, nursing care and treatment costs in an acute hospital (single room in a private ward) will be covered for a maximum of 180 days in hospital, but only for as long as it is neither possible nor appropriate from a medical point of view for the insured to be transported home.

3.3 Hospitalisation abroad for planned treatments

In the event of planned acute inpatient treatments abroad, a maximum of CHF 1,500 per day will be paid towards accommodation, nursing care and treatment costs for one or more accidents for a maximum of 180 days in hospital in any 360 consecutive days. This is subject to the consent of Sanitas.

3.4 Psychiatric clinics

- 1 The costs of acute inpatient treatment (as a direct consequence of insured accidents) in a psychiatric clinic or special psychiatric ward will be paid in accordance with 3.1 above for a maximum of 180 days.
- 2 From the 181st day the insurance will pay the treatment costs plus a maximum of CHF 150 per day towards the costs of accommodation and nursing care. At AHV/AVS retirement age these benefits will continue to be paid for a maximum of 720 days within a period of 900 days.
- 3 In psychiatric clinics or special psychiatric wards without a cantonal mandate, the costs that would have been paid by mandatory basic health insurance for a hospital with a cantonal mandate are paid from the 181st day for up to a total of 540 days, in addition to the benefits set out in para 2 above.
- 4 Hospitalisation in psychiatric clinics abroad within the scope of 3.2 and 3.3 is included in the benefit period.

3.5 Exceptional out-of-pocket expenses

A maximum of CHF 200 per hospitalisation will be paid for exceptional out-of-pocket expenses incurred directly in connection with inpatient hospitalisation (taxi fares to and from hospital, telephone calls, etc.), provided that receipts are supplied.

3.6 Care at home

- 1 The following benefits will be paid up to the specified amounts for a maximum of 90 days per calendar year on the basis of detailed date-referenced invoices towards the costs of care at home if this care is necessary on medical grounds and prescribed by a doctor:
 - A maximum of CHF 70 per day towards the costs of care at home provided by qualified nurses or nursing auxiliaries
 - A maximum of CHF 70 per day towards the costs of care at home provided by other persons, including relations and persons living in the same household as the insured person, who can prove loss of earnings to this extent due to providing care.
- 2 In total, a maximum of CHF 7,000 per calendar year will be paid towards the costs of care at home.

3.7 Home help

- 1 CHF 25 per hour will be paid on the basis of detailed date-referenced invoices towards the costs of home help provided by a person not living in the same household, provided this help is necessary on medical grounds and prescribed by a doctor. The insured person running the household is entitled to this benefit immediately following hospitalisation or during outpatient treatment if hospitalisation can be avoided.
- 2 A maximum of CHF 1,000 per calendar year will be paid towards the costs of home help.

3.8 Spa therapies

- 1 A maximum of CHF 190 per day will be paid for a maximum of 21 days per calendar year for inpatient follow-up and spa therapy.
- 2 The obligations and qualifications for benefits specified in 1.4 above shall apply. Sanitas has the right to request an examination by a company-appointed medical doctor before the spa therapy may be undertaken.

3.9 Transport, rescue and search costs

In total, a maximum of CHF 20,000 will be paid per calendar year for:

- Emergency transport to the nearest doctor or to the nearest hospital able to provide appropriate treatment, and ambulances required for transport on medical grounds
- Rescue and search operations for insured people who have had an accident

4 ACCIDENT ROYAL

4.1 Hospitalisation in Switzerland

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in a single room in a private ward of any acute hospital in Switzerland.

4.2 Emergency hospitalisation outside Switzerland

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in any acute hospital in the world (single room in a private ward).

4.3 Hospitalisation abroad for planned treatments

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in any acute hospital in the world (single room in a private ward) up to a maximum of CHF 250,000 per accident.

4.4 Psychiatric clinics

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care (as a direct consequence of insured accidents) in any psychiatric clinic in the world.

4.5 Exceptional out-of-pocket expenses

The insurance will pay the following benefits to cover exceptional out-of-pocket expenses incurred directly in connection with inpatient hospitalisation (taxi fares to and from hospital, telephone calls, etc.), provided that receipts are supplied:

- In Switzerland, and abroad for planned treatments, CHF 500 per hospitalisation
- In emergencies abroad, CHF 50 per day for a maximum of 180 days per hospitalisation

4.6 Care at home

The following benefits will be paid on the basis of detailed date-referenced invoices towards the costs of care at home if this care is necessary on medical grounds and prescribed by a doctor:

For a maximum of 90 days per calendar year, the full costs of the following will be paid:

- Care at home provided by qualified nurses or nursing auxiliaries
- Care at home provided by other persons, including relations and persons living in the same household as the insured person, who can prove loss of earnings to this extent due to providing care.

4.7 Home help

- 1 CHF 25 per hour will be paid on the basis of detailed date-referenced invoices towards the costs of home help provided by a person not living in the same household, provided this help is necessary on medical grounds and prescribed by a doctor. The insured person running the household is entitled to this benefit immediately following hospitalisation or during outpatient treatment if hospitalisation can be avoided.
- 2 A maximum of CHF 1,500 per calendar year will be paid towards the costs of home help.

4.8 Spa therapies

- 1 A maximum of CHF 290 per day will be paid for a maximum of 21 days per calendar year for inpatient follow-up and spa therapy. 2 The obligations and qualifications for benefits specified in 1.4 above shall apply. Sanitas has the right to request an examination by a company-appointed medical doctor before the spa therapy may be undertaken.

4.9 Transport, rescue and search costs

The following will be paid:

- Emergency transport to the nearest doctor or to the nearest hospital able to provide appropriate treatment, and ambulances required for transport on medical grounds
- Rescue operations for persons who have had an accident, and the recovery of the bodies of deceased persons
- A maximum of CHF 20,000 per claim will be paid for rescue operations for persons who have had an accident

4.10 Medical aids

- 1 The costs of the following will be paid:
 - Medical aids necessitated by an accident (any provisional prostheses plus the first definitive prosthesis, first-time acquisition of crutches, supports, hearing aids, normal glasses or contact lenses)
 - The repair or replacement of such aids if they are damaged or destroyed in an accident covered by the insurance
- 2 All types of transportation are excluded.