
Hospital Upgrade

Supplementary insurance pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA) for a one-time upgrade in category of cover from the general ward to a two-bed room in the semiprivate ward of Sanitas-accredited acute hospitals in Switzerland, or from the semiprivate ward to a single room in the private ward of any acute hospital worldwide

Supplementary terms

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Insurance carrier: Sanitas Privatversicherungen AG

sanitas

Purpose and basis

Hospital Upgrade is a supplementary insurance plan that can be taken out in conjunction with the Hospital Standard Liberty and Hospital Extra Liberty supplementary hospital insurance plans. In return for a premium, the insured person acquires the right, without another medical examination, to upgrade their cover from the general ward to a two-bed room in the semiprivate ward of Sanitas-accredited acute hospitals in Switzerland, or from the semiprivate ward to a single room in the private ward of any acute hospital worldwide.

The option to upgrade cover can be exercised at intervals of two years of age.

This insurance does not cover treatment costs. The benefit provided by Sanitas consists in the upgrade from a lower to a higher category of cover.

The basis of these Supplementary Terms is the General Terms of Insurance for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA) and the supplementary terms of the Hospital Standard Liberty and Hospital Extra Liberty plans.

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

1 Scope of product

Taking out Hospital Upgrade entitles the insured person to upgrade their insurance plan without another medical examination as follows:

- 1) from Hospital Standard Liberty to Hospital Extra Liberty
- 2) from Hospital Extra Liberty to Hospital Top Liberty

2 Obligations and qualifications for taking out insurance

Hospital Upgrade can only be taken out by insured persons who have taken out Hospital Standard Liberty or Hospital Extra Liberty insurance on the basis of a successful health examination. If Hospital Upgrade is taken out at the same time as these hospital insurance plans, the health examination is also valid for Hospital Upgrade. If Hospital Upgrade is applied for at a later date, this is subject to another health examination.

3 Term and timing of option to upgrade cover

- 1 Hospital Upgrade runs for a maximum term of twenty years from commencement of insurance. If insurance commences part way through the year, this maximum term applies from January 1 of the following year. The option to upgrade cover may not be exercised before 24 months have elapsed since it was acquired, with effect

the following January 1, and may take effect at the earliest on January 1 following the insured person's second birthday. Thereafter cover may be upgraded at intervals of two years of age (i.e. on January 1 following the 4th, 6th, 8th birthday, etc.).

- 2 If Hospital Upgrade is taken out by December 31 before the 15th birthday, notice of upgrade in cover must be given with effect January 1 following the 36th birthday at the latest.
- 3 Following the upgrade in cover, the insurance continues to cover the same risk (illness, accident) and, if applicable, is subject to the same restrictions and special conditions as before. If the insured person has chosen a higher annual deductible, this higher annual deductible will continue to apply when they upgrade their cover.
- 4 If Hospital Upgrade is taken out later than the relevant hospital insurance, any applicable restrictions and special conditions will be set down in the terms of Hospital Upgrade and automatically applied to the chosen category of cover once cover is upgraded.
- 5 If, between taking out Hospital Upgrade and upgrading cover, the insured person changes the insured risk (illness, accident) or deductible of their hospital insurance plan, these changes automatically apply to Hospital Upgrade, with the premium adjusted accordingly.
- 6 In amendment of Point 3 para 3 of the General Terms of Insurance issued by Sanitas for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), the following applies: Entitlement to maternity benefits depends on the date of commencement of cover under the hospital insurance plan to which the insured person switches. Maternity benefits can be claimed starting 9 months after this date.

4 Term of contract

- 1 In amendment of Point 16 of the General Terms of Insurance issued by Sanitas for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), the following applies: If the insured person opts for a fixed multi-year term, the date of expiry of the contract is specified in the policy document. If the policyholder does not terminate the contract with effect this date, the contract will automatically be converted into a contract with no fixed term, which each year will be tacitly extended by one year.
- 2 Hospital Upgrade may only be taken out until the insured person's 60th birthday, and the option must be exercised by January 1 following the insured person's 64th birthday. Any notice of exercise of option after this has no legal effect. Hospital Upgrade expires automatically on December 31 following the insured person's 64th birthday if cover has not been upgraded validly prior to this.

- 3 Hospital Upgrade expires automatically on December 31 of the year in which the maximum term of insurance as per Point 3 paras 1 and 2 above elapses if cover has not been upgraded validly prior to this.

5 Formal requirements

Written notice of the upgrade in cover is to be received by Sanitas by the last working day in the month of November at the latest. Any notice received after this deadline is void, and has no legal effect. Provided that the notice of exercise of option is valid, the upgrade in cover will take effect on January 1 of the following calendar year.

6 Change of age group and place of residence, and change of term of contract

In amendment of Point 22 of the General Terms of Insurance issued by Sanitas for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), the following applies: The premium tariff may specify different premium scales according to age, sex, place of residence and term of contract (with any discount for a multi-year contract ceasing to apply once the term originally agreed expires), with a change in any of these factors resulting in a change in premium. With the exception of changes on the basis of age, this change in premium does not entitle the insured person to terminate as per the General Terms of Insurance for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA).

7 Payment of premiums and due dates

In amendment of Point 23 para 1 of the General Terms of Insurance issued by Sanitas for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), the following applies: Premiums are due on the first day of the period being billed. Payments may be made on an annual, semiannual, quarterly, bi-monthly or monthly basis, with the insurance year beginning on January 1. Sanitas may stipulate a minimum billing amount for people paying more frequently than once a year. If the address is outside Switzerland, payments may only be made on an annual, semiannual or quarterly basis.

Premiums for Hospital Upgrade continue to be due until December 31 following valid notice of an upgrade in cover. Thereafter the premium tariff for the upgraded category of cover will be charged.

8 Amendments to the contract by Sanitas

In amendment of Point 18 para 3 of the General Terms of Insurance issued by Sanitas for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), the following applies: If the premiums and/or tariff structure change, Sanitas can require that the contract be amended. Thereupon the policyholder shall be entitled to terminate the insurance contract for Hospital Upgrade with effect from the moment the amendment to the contract enters into force. To be valid, Sanitas must receive the notice of termination on the day before entry into force at the latest. Failure to terminate the contract shall be deemed as the policyholder's consent to the amendment to the contract.

9 Termination and expiry of insurance

- 1 In amendment of Point 19 para 2 of the General Terms of Insurance issued by Sanitas for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), Hospital Upgrade can be terminated at the end of the term of the contract or (if the contract has no fixed term) at the end of a calendar year with three months' notice. Sanitas must receive notice of termination by September 30 at the latest.
- 2 If the hospital insurance is terminated, or if this insurance lapses for some other reason, Hospital Upgrade expires automatically on the date the hospital insurance comes to an end.
- 3 If the insurance is terminated or lapses, the full amount of Hospital Upgrade premiums paid to Sanitas by the insured person is retained by Sanitas, regardless of whether the option to upgrade cover was ever exercised or not.
- 4 If a regular switch in hospital insurance is made following a medical examination, Hospital Upgrade lapses with respect of this switch, without notice of termination, at the moment the switch is made. There is no entitlement to reimbursement of the premiums paid for Hospital Upgrade in this case either.

