

Supplementary terms

Dental Basic

Supplementary insurance for
prophylactic, dental and dental
prosthetic treatments

December 2019 edition (amended 2023)

Insurance carrier: Sanitas Privatversicherungen AG

1 Purpose and basis

Dental Basic covers the costs of outpatient and inpatient dental treatment in accordance with the following provisions. The insurance pays costs that exceed the benefits paid under mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/HIA), other social insurance pursuant to point 2 of the general terms of insurance, and other supplementary insurance with Sanitas.

The basis of these supplementary terms is the general terms of insurance for supplementary insurance plans pursuant to VVG/IPA.

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

2 Geographic coverage

The insurance covers benefits claimed in Switzerland. The insured person must be legally domiciled in Switzerland. Benefits can be drawn in Germany, Austria, France, Italy and Liechtenstein provided that the treatment is provided by Sanitas-accredited healthcare providers in these countries. The healthcare providers outside Switzerland that are recognised by Sanitas are published in a list. The list can be viewed at sanitas.com or provided on request. Sanitas reserves the right to change this list at any time. Changes to the list do not entitle insured persons to cancel their insurance. Emergency treatment is covered worldwide irrespective of the list of recognised healthcare providers abroad.

3 Insured events

The insurance covers illnesses and accidents that occur during the term of contract.

4 Benefits

1 Preventive treatments

A maximum of CHF 100 is paid per calendar year towards preventive treatments (routine check-up, dental hygiene) provided by a dentist or a certified dental hygienist. Benefits for preventive treatments are deducted from the maximum insured amount.

2 Treatments

The insurance covers 80% of the costs of the following outpatient and inpatient dental treatments, including medicines required for the dental treatment.

Dental Basic

Up to a maximum of CHF 2,000 per calendar year for all benefits combined

Restorative dental treatments

(composite fillings, root canal treatment)

Extraction (removal) of wisdom teeth

(including surgery)

Other restorative dental treatments

(inlays, e.g. ceramic or gold fillings)

Veneers

Periodontal treatments

Dental prosthetic work

(bridges, crowns, pins, etc.)

Preventive treatments

(routine check-ups, dental hygiene, the policyholder does not pay a cost share)

The treatments provided must be detailed in itemised invoices, with treatments necessary as the result of an accident specially marked.

Sanitas covers inpatient treatment, provided that Sanitas has issued a commitment to cover costs before treatment commences.

3 Cost share & deductible

The policyholder pays a deductible of CHF 250 per calendar year for all treatments resulting from illness and accident. The date of treatment applies.

For benefits provided in accordance with section 4.2, Sanitas covers 80% of the costs in excess of the deductible, up to the maximum amount specified. No cost share or deductible is applied for preventive treatment in accordance with section 4.1.

4 Mid-year commencement of insurance

If coverage commences part way through a calendar year, the maximum entitlement to benefits is calculated on a pro rata basis according to the number of months insured.

5 Waiting periods

There is no waiting period for dental treatment necessitated by accident or for preventive treatment. The following waiting periods apply for other treatments:

- 6 months for restorative dental treatment, periodontal treatment and wisdom tooth extraction
- 12 months for dental prosthetic work (bridges, crowns, pins), inlays and veneers

6 Terms diverging from the general terms of insurance VVG/IPA

1 Change of age group and legal domicile (point 22) and change of term of contract

The premium tariff may specify different premium scales according to age, gender, legal domicile and term of contract (multi-year discount ceases to apply once the term originally agreed expires), with a change in any one 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 the contract as per point 18 of the general terms of insurance VVG/IPA.

Age groups

The insured person is assigned to the following age groups based on their current age:

00-10	21-25	36-40	51-55	66-70	81-85
11-15	26-30	41-45	56-60	71-75	86+
16-20	31-35	46-50	61-65	76-80	

The insured person is assigned to an age group based on their age in the calendar year in which the contract starts.

They switch to the next age group at the start of the calendar year in which they reach the first birthday of the higher age group (age-dependent tariff).

Switching to a higher age group usually involves an increase in premium.