

SUPPLEMENTARY TERM

HirslandenCare

Supplementary insurance pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA) for a single room in the private ward of hospitals of the Hirslanden Private Hospital Group and its partners

Insurance carrier: Sanitas Privatversicherungen AG

**January 2009
edition**
2018 version

sanitas

Purpose and basis

HirslandenCare pays the additional costs of inpatient hospitalisation and treatment for a single room in the private ward of hospitals of the Hirslanden Private Hospital Group and its Swiss partners. Further benefits are detailed in these supplementary terms. The insurance pays costs that exceed the benefits paid under mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal) and other social insurance plans pursuant to point 2 of the general terms of insurance.

Cover for the risk of accident can be included.

Services in the event of illness and accident abroad are covered via Sanitas Assistance. The insured can use these services even if the risk of accident is not covered. The appended terms are an integral part of these supplementary terms.

The basis of these supplementary terms is the January 2004 edition of the general terms of insurance for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA).

Benefits

1 Definitions

- 1 Acute hospitals are defined as treatment facilities and clinics that are directed and overseen by medical doctors and admit only persons who have had an accident or have fallen acutely ill. For the present purposes, acute hospitals also include maternity, 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.
- 3 Partner doctors are defined as doctors who enter into a contractual agreement with the Hirslanden Private Hospital Group (h-care product line) under this insurance plan, with regard to inpatient treatment and its compensation.
- 4 Inpatient treatment is defined as a stay in an acute hospital under inpatient conditions where a bed in the inpatient ward is occupied for at least one night.
- 5 Acute treatment is defined as treatment whereby an improvement in the person's state of health can be expected.

2 Hospitalisation in Switzerland

- 1 The insurance covers the costs of accommodation and nursing care in a single room in a hospital that is part of the Hirslanden Private Hospital Group, and the treatment costs of partner doctors. If medical treatment is not provided by a partner doctor, it will be deemed as equivalent to treatment in another acute hospital as per para 3 and costs will be covered up to a maximum of the rate incurred in the semiprivate ward.
- 2 The insurance covers the costs of accommodation, nursing care and treatment in a single room in a partner hospital that is part of the Hirslanden Private Hospital Group.
- 3 The insurance covers the costs of accommodation, nursing care and treatment in the semiprivate ward of another acute hospital. If the insured opts to upgrade to the private ward in one of these hospitals, the insurance pays 75% of the total costs not covered by mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act.
- 4 Sanitas maintains a list of the hospitals in the Hirslanden Private Hospital Group, a list of its partner clinics and a list of partner doctors. These lists are updated periodically; they are available for inspection at Sanitas, and excerpts from the lists can be furnished on request.

3 Hospitalisation outside Switzerland

- 1 In the event of emergency acute inpatient treatment abroad, accommodation, nursing care and treatment costs in an acute hospital will be covered for a maximum of 180 days, but only for as long as it is neither

possible nor appropriate for medical reasons for the insured to be transported home.

- 2 In the event of planned acute inpatient treatments abroad, a maximum of CHF 1500 per day will be paid towards accommodation, nursing care and treatment costs for a maximum of 180 days in any 540 consecutive days.

4 Hospitalisation in a psychiatric clinic

- 1 The costs of acute inpatient treatment in a psychiatric clinic or special psychiatric ward will be paid in accordance with point 2 for a period of 180 days.
- 2 From the 181st day the treatment costs and a maximum of CHF 150 per day will be paid towards the costs of accommodation and nursing care; upon reaching AHV/AVS retirement age this benefit will only continue to be paid for a maximum of 720 days within a period of 900 days.
- 3 Hospitalisation in psychiatric clinics abroad within the scope of benefits covered under point 3 are included in the maximum benefit period.

5 Maternity facility

- 1 The costs of accommodation, nursing care and treatment will be covered for a postnatal stay in an accredited maternity facility.
- 2 Sanitas maintains a list of accredited maternity facilities. This list is updated periodically; it is available for inspection at Sanitas, and excerpts from the list can be furnished on request.

6 Benefits for newborn infants

Provided the child is hospitalised with its mother, the costs of hospitalisation for a healthy infant will be paid from the mother's insurance.

7 Nursing care at home and home help

- 1 If deemed necessary on medical grounds and prescribed by a doctor, benefits up to the following amounts will be paid towards the costs of nursing care at home and home help on the basis of detailed date-referenced invoices:
 - CHF 70 per day for a maximum of 90 days per calendar year towards the costs of nursing care at home provided by qualified nurses or nursing auxiliaries. Other persons providing nursing care at home are eligible for these benefits to the extent that they can prove equivalent loss of earnings.
 - CHF 35 per day for a maximum of 90 days per calendar year for home help delivered by a person not living in the same household. The insured person running the household is entitled to this benefit immediately following hospitalisation.
 - CHF 35 per day for a maximum of 30 days per calendar year for home help delivered by a person not liv-

ing in the same household. The insured person running the household is entitled to this benefit during outpatient treatment if hospitalisation can be avoided.

- 2 In the event of childbirth, the above-mentioned benefits will be paid for a maximum of 14 days within one month after the birth, and included in the maximum benefit period.
- 3 In total, a maximum of CHF 7000 per calendar year will be paid towards the costs of nursing care at home and home help.

8 Spa treatments

- 1 Benefits up to the following amounts will be paid towards the cost of spa treatments:
 - CHF 60 per day for a maximum of 21 days per calendar year for inpatient spa treatments in spas in Switzerland accredited as per Art. 40 KVG/LAMal or in spas in Abano and Montegrotto (Italy), and for rest cures in health resorts in Switzerland that are directed and overseen by medical doctors.
 - CHF 150 per day for a maximum of 28 days per calendar year for spa treatments at the Dead Sea in Israel or Jordan to treat psoriasis or vitiligo (loss of skin pigmentation). Sanitas has the right to request an examination by its company-appointed medical doctor before the spa treatment may be undertaken.
- 2 The above-mentioned benefits will be paid for a maximum of one spa treatment per calendar year.

9 Travel, transport, rescue and search costs

In total a maximum of CHF 50,000 will be paid per calendar year for:

- The cost of travel in connection with radiotherapy, chemotherapy or haemodialysis conducted outside the home. The costs paid will not exceed the costs of public transport (travelling first class).
- Emergency transport to the nearest doctor or to the nearest hospital able to deliver appropriate treatment, and ambulances required for transport on medical grounds.
- Rescue and search operations for persons who have had an accident or who have fallen acutely ill.

10 Obligations and qualifications

- 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 six days at the latest. If a commitment to cover costs is required, Sanitas must be notified two weeks before admission.
- 3 Benefits for spa treatments will be paid only if:
 - The spa treatments are medically necessary and have been prescribed by a doctor accredited in Switzerland as part of medical treatment.

- Sanitas receives the prescription for the spa treatment two weeks before commencement.

- Moreover, benefits for spa treatments will only be paid provided that outpatient treatment is inappropriate and unlikely to be effective and that the spa treatment involves therapeutic measures.

11 Exclusion

In addition to the benefit exclusions specified in point 7 of 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.

Miscellaneous

12 Step-by-Step no-claims bonus

12.1 General

- If an insured has no benefits paid out during a twelve-month observation period, Sanitas grants them a discount on their premium for the following calendar year.
- The discount applies to the gross premium. If an elective deductible has been agreed, the discount applies to the net premium (i.e. after deduction of the discount for the chosen annual deductible).
- An observation period runs from 1 September of one year to 31 August of the following year. Benefits paid out during this observation period apply for the purposes of the no-claims bonus. Discounts are granted as per the date of the Sanitas claims settlement.
- If insurance commences in the period from 1 January to 1 August, the first observation period runs from commencement of insurance until 31 August of the same year.
- If insurance commences in the period from 1 September to 1 December, the first observation period runs from commencement of insurance until 31 August of the following year.
- If the insured transfers to a plan which, according to the applicable supplementary terms, also offers a Step-by-Step no-claims bonus or no-claims bonus, the existing bonus bracket will be transferred.

12.2 Premium discounts and bonus brackets

- Starting from a bonus bracket of 0, the maximum percentage discount of 24% can be achieved in the ninth calendar year at the earliest.

Bonus bracket	Calendar year	Discount	Premium as % of gross premium
0	1	0	100
1	2	3	97
2	3	6	94
3	4	9	91
4	5	12	88
5	6	15	85
6	7	18	82
7	8	21	79
8	9	24	76
9	10	24	76
10	11	24	76
11	12 + following	24	76

- Persons taking out a new insurance plan with the Step-by-Step no-claims bonus may be granted a bonus bracket higher than 0.

12.3 Reduction of premium discount

- 1 If benefits are paid during an observation period, the premium discount for the following calendar year will be reduced by 3 brackets. Reductions can be made until bracket 0 has been reached.
- 2 If the insured repays claims paid out by Sanitas by the end of the current calendar year, their bonus bracket for the following calendar year will be amended accordingly.

13 Elective deductible

- 1 If the insured chooses an elective deductible, the amount of the chosen deductible will be applied to the total benefits for a given calendar year.
- 2 If insurance commences from 1 January up to and including 1 June, the full annual deductible will be applied; if insurance commences from 1 July up to and including 1 December, half the annual deductible will be applied.
- 3 If a treatment continues for more than ten days beyond the end of the year, the annual deductible must be paid again for the new year.

14 Insurance combination

If the insured opted to take out an alternative insurance model (AIM) for their mandatory basic health insurance cover, then the alternative insurance model's general terms of insurance shall take precedence over these supplementary terms.

Terms of Sanitas Assistance

1 What is Sanitas Assistance?

Sanitas Assistance is a service provided by the global emergency rescue organisation Europ Assistance on behalf of Sanitas. The service includes assistance, advice and transport in the event of illness or accident abroad.

2 What services are available?

The following services are available to insured persons:

- 24-hour telephone service: Sanitas Assistance is available around the clock, 365 days a year, seven days a week. Advice, provided in different languages, includes brokering on-the-spot assistance.
- Worldwide care network: specialist medical care and transport teams provide on-the-spot assistance, and if this is not possible arrange repatriation.

3 Who is responsible for the benefits and services offered under Sanitas Assistance?

- 1 Organisational services relating to Sanitas Assistance are managed by Europ Assistance on behalf of Sanitas.
- 2 The costs of services organised by Sanitas Assistance as per point 5 are paid by Europ Assistance on behalf of Sanitas within the scope of the coverage applicable to the person in question.

4 When must Sanitas Assistance be contacted?

The Sanitas Assistance telephone service is always the first point of contact in the event of illness or accident abroad. The telephone service must be contacted if benefits as per point 5 below are to be claimed.

The telephone number is specified on the Sanitas insurance card.

5 What services does Sanitas Assistance provide?

- 1 Before travel, Sanitas Assistance provides information on entry and inoculation requirements for the country of destination. All other services are provided during holiday or business travel abroad.
- 2 Sanitas Assistance provides the following services in the event that the insured falls acutely ill or has an accident:
 - Organising medical care and advances for the costs of outpatient and inpatient emergency treatment abroad
 - Organising and paying for medically necessary transportation, including repatriation This benefit will also be paid for an accompanying person, provided they are also covered by Sanitas Assistance.
 - Procuring vital drugs and medicines locally, or if necessary by aircraft, and paying the costs of transportation.

- Organising and paying for a person to accompany the insured's children (under age 16) if it is not possible for the insured or an accompanying person to look after them.
 - If, on medical grounds, repatriation is not possible within 10 days, organising and paying for travel and hotel accommodation (10 overnight stays at a maximum of CHF 200 per night) for a visitor chosen by the insured or his family.
 - Organising and paying for the repatriation of the deceased (including CHF 800 for the costs of a coffin) and repatriation of accompanying family members who are also covered to their place of residence. Accompanying family members who are not covered by Sanitas Assistance will be granted an advance of CHF 3000 to cover costs
- 3 In the event of the unforeseen hospitalisation or death of a family member at home, Sanitas Assistance will organise and pay for the insured to return home (accompanied by a person who is also covered by Sanitas Assistance) or to travel home and back to resume travel again (without an accompanying person).
- 4 In the event of serious damage to the insured's property through theft, fire, water or natural events, Sanitas Assistance will provide the following services:
- Advising the insured and paying radio callback costs, the additional costs of direct travel home if unavoidable, and any contractual cancellation charges due for hotels or holiday apartments. In addition, if the insured resumes travel immediately afterwards, the costs of transport back to the place at which he interrupted his journey, or at which he would have been if the interruption had not occurred, are paid. A maximum of CHF 1500 will be paid towards costs.
 - Paying additional accommodation costs (10 overnight stays at a maximum of CHF 150 per night) if the insured has to make an unscheduled stopover or extend his stay.
 - Paying additional transport costs, up to a maximum of CHF 1500, if the insured has to change his travel plans.
- 5 If the insured's chosen accommodation becomes unavailable as a result of fire, water or natural events, Sanitas Assistance will advise him and pay additional accommodation costs of up to CHF 1500.
- 6 If strikes or unrest (in which the insured is innocently caught up), quarantine, epidemics or natural events make it impossible to continue travel, Sanitas Assistance provides the following services:
- Advising the insured and paying the additional costs of direct travel home if unavoidable, and any contractual cancellation charges due for hotels or holiday apartments, up to a maximum of CHF 1500
 - Paying additional accommodation costs (10 overnight stays at a maximum of CHF 150 per night) if the insured has to make an unscheduled stopover or extend his stay.
 - Paying additional transport costs, up to a maximum of CHF 1500, if the insured has to change his travel plans.
- 6 For how long does Sanitas Assistance provide these services?**
- Sanitas Assistance is valid during the time in which the person in question is covered under HirslandenCare supplementary insurance. It is valid for travel lasting up to a maximum of 12 months.
- 7 What restrictions apply?**
- 1 Sanitas Assistance does not cover the following:
- The costs of services initiated or paid for by an insured without the prior consent of Sanitas Assistance
 - Incidents occurring at races or test runs involving motor vehicles
 - The consequences of taking non-prescribed drugs or medicines, narcotics or alcohol, and the consequences of suicide attempts.
 - Minor illnesses and injuries
 - Relapse of an illness that broke out or an accident that occurred before travel commenced, or illnesses that had not been cured before travel commenced
 - Costs resulting from pregnancy, apart from major, unforeseeable complications up to the 27th week of pregnancy
 - The consequences of intentional and malicious acts by the insured
 - Planned treatments
- 2 Sanitas and Europ Assistance cannot be made liable for delays in the provision of services or the failure to provide services due to strikes, acts of war, political unrest, natural disasters or government restrictions.
- 8 Does the insurance provide worldwide coverage?**
- The insured services are generally provided worldwide in accordance with point 5. Exceptions may apply for some countries and regions due to unstable domestic conditions, such as armed conflicts and political turmoil. You can find out more about these areas by contacting the Sanitas Assistance emergency call centre.

