

Supplementary terms

Hospital Day Comfort

Supplementary insurance pursuant to
the Swiss Federal Act on Insurance Policies
(VVG/IPA) for outpatient benefits

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1 Purpose and basis

The Hospital Day Comfort supplementary insurance plan covers the cost of outpatient procedures not covered by the Swiss Federal Health Insurance Act (KVG/HIA) plus any benefits directly in connection with these (in accordance with points 4, 5 and 6 below) that are provided by an accredited Sanitas partner institution and justified on medical grounds. Further insured benefits are described 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/HIA) and other social insurance pursuant to point 2 of the general terms of insurance.

If other insurance policies also provide supplementary or subsidiary cover, the statutory rules apply in the event of multiple insurance.

Risk of accident and maternity benefits are covered.

The basis of these supplementary terms is the general terms of insurance for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Policies (VVG/IPA). These supplementary terms differ from the general terms of insurance for supplementary insurance plans as described under point 9 below.

2 Geographic coverage

The insurance covers benefits claimed in Switzerland. The insured person must have their legal domicile in Switzerland and must be subject to the compulsory insurance requirement under KVG/HIA.

Benefits abroad are not covered under this supplementary insurance plan.

3 Definitions

1 Healthcare provider

Healthcare providers accredited by Sanitas are people or institutions that provide medical services for the insured person and have concluded a contractual agreement with Sanitas. These include doctors, outpatient clinics and hospitals. Accredited healthcare providers are people or institutions included on the list of accredited Sanitas partner institutions.

If benefits are claimed outside of Sanitas partner institutions, only service providers that have a corresponding mandate and that are included on the cantonal list of hospitals are accredited. This provision is based on point 6 of these supplementary terms, "Benefits outside of Sanitas partner institutions (in Switzerland)".

2 List

Sanitas maintains a list of all accredited Sanitas partner institutions and partner services. The list is an integral part of these supplementary terms. The current list is published on digital customer channels (e.g. Sanitas website) or can be requested from Sanitas. Sanitas reserves the right to change this list unilaterally at any time.

4 Benefits for outpatient procedures and benefits directly related to outpatient procedures

1 Free choice of doctors among accredited Sanitas partner institutions

This insurance covers the cost of the free choice of doctors from among accredited Sanitas partner institutions for outpatient procedures. Insured persons are entitled to benefits for procedures carried out at an accredited Sanitas partner institution as per the list.

2 Privacy and comfort in accredited Sanitas partner institutions

Benefits include the cost of a private recovery area and meals on the day of the procedure at an accredited Sanitas partner institution as per the list. The insurance covers costs incurred for outpatient procedures that are not covered by mandatory basic health insurance pursuant to KVG/HIA in accordance with the contractual agreement concluded with the respective accredited Sanitas partner institution.

3 Transport to and from the hospital/clinic

The costs of travel for the insured person and an accompanying person by public transport, taxi or other mobility provider as well as by private transport (excl. medically indicated transport as per Art. 25 KVG/HIA) are covered, provided they are directly related to the outpatient procedure.

On submission of invoices/receipts, a maximum of CHF 500 per insured outpatient procedure, up to a maximum CHF 1,000 per calendar year, will be paid towards

- the actual travel costs for travel by public transport, taxi or other mobility provider; CHF 80 per kilometre for private transport
- the cost of parking at the place of treatment for the insured person and an accompanying person

The cost of travel and parking will be reimbursed for one day before and one day after the procedure and the day of the procedure itself. The insurance covers the cost of one return trip per procedure.

4 Overnight accommodation

On submission of invoices/receipts, a maximum of CHF 500 per outpatient procedure, up to a maximum of CHF 1,500 per calendar year, will be paid towards overnight accommodation that is not medically indicated. The insurance covers the cost of overnight accommodation for the night before and the night after the procedure, including meals for the insured person in an accredited Sanitas partner institution, in a hotel (including for their accompanying person) or with another commercial accommodation provider (including their accompanying person).

5 Further medical and organisational benefits

1 Innovative procedures, instruments and tools for diagnosis and treatment

In connection with the outpatient procedure, the costs, up to a maximum of CHF 5,000 per calendar year, will be assumed for the following benefits that are not covered under mandatory basic health insurance pursuant to KVG/HIA:

- innovative diagnostic and therapeutic procedures, aids, equipment, implants as well as materials and items that are deemed to be effective, expedient, economical and medically indicated
- innovative treatment based on the latest medical findings

The insured benefits are included in the list of accredited Sanitas partner institutions and benefits.

2 Home help and meal delivery

With a medical prescription, the costs of home help are reimbursed according to detailed invoices with a breakdown of dates, times and costs (overview of the hours and days on which the home help was used), provided that the home help is provided by a person who does not live in the same household. The person running the household and insured with Sanitas is entitled to this benefit for a maximum of 30 days before and/or after the outpatient procedure. Home help services include household cleaning, shopping, cooking, washing, ironing and gardening/plant care. After the outpatient procedure, the costs of meals provided by a delivery service are covered.

The following benefits are covered per procedure, totalling up to CHF 60 per day:

- home help before and/or after the procedure for up to a maximum of 30 days
- food delivery after the procedure for up to a maximum of 14 days

A maximum of CHF 1,800 will be paid in total per procedure towards home help and meal delivery.

3 Care services

For a maximum of 30 days before and/or after the insured person's outpatient procedure, the costs of the following care services will be covered based on detailed invoices with a breakdown of dates, times and costs (overview of the hours and days on which the care services were used):

- a maximum of CHF 400 per outpatient procedure for childcare for the insured person's own children or foster children up to the age of 16 by a person of their trust
- a maximum of CHF 1,000 for a dependent person who was previously cared for by the insured person for care services by a person of their trust
- a maximum of CHF 200 per outpatient procedure for pet care services provided by a commercial animal services provider, e.g. animal homes

Care services are only reimbursed if the insured person cannot perform the services himself/herself on medical grounds and has a medical prescription.

Costs are covered up to a maximum of CHF 1,000 per outpatient procedure, up to CHF 2,000 per calendar year.

6 Benefits outside of Sanitas partner institutions (in Switzerland)

If an outpatient procedure is performed outside the partner network, the following benefits are covered:

- full cost coverage up to the maximum specified amounts and benefit period in accordance with the supplementary terms as per point 4.3 "Transport to and from the hospital/clinic", point 4.4 "Overnight accommodation (only in a hotel or with another commercial accommodation provider)", point 5.2 Home help and meal delivery", and point 5.3 "Care services".

Other benefits are not covered under this supplementary insurance plan.

7 Entitlement to benefits

1 General entitlement to benefits

For the costs to be covered by Sanitas, Sanitas must provide a commitment to cover costs/confirmation of cover. This must be applied for prior to admission. If a commitment to cover costs/confirmation of cover from Sanitas is not available on admission, Sanitas reserves the right not to reimburse the costs or only to reimburse them in part. In the event of an emergency, a commitment to cover costs/confirmation of cover must be obtained from Sanitas within three days of the procedure at the latest.

2 Entitlement to benefits with an alternative insurance model

Customers insured under an alternative insurance model for mandatory basic health insurance pursuant to KVG/HIA (e.g. family doctor model, telemedicine, or a model with a limited choice of healthcare providers) must also comply with the supplementary terms of the alternative insurance model for this insurance plan.

8 Benefit exclusions

In addition to the benefit exclusions listed in Article 7 of the general terms of insurance for supplementary insurance, this supplementary insurance plan does not cover the following procedures, which are not deemed to be outpatient procedures under this contract:

- one-time and recurring administration of medication (excluding maternity benefits)
- one-time and recurring radiotherapy
- one-time and recurring light therapy (UVA or UVB therapy)
- blood cleansing procedures (dialysis)
- injections and infusions (e.g. chemotherapy, treatment of iron deficiency, administration of medication, etc.)
- punctures (e.g. blood test, removal of tissue and liquid samples, etc.)
- imaging procedures (e.g. x-rays, ultrasound, computer tomography, ECG)
- nail trephination (subungual haematoma), incision or drainage for nail bed inflammation
- minor skin procedures with a wound up to 2 cm² for benign diseases

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

These supplementary terms differ from the general terms of insurance for supplementary insurance plans as described under point 1(5). The points of the general terms of insurance for supplementary insurance plans listed below are replaced by the following provisions:

Term of the contract (general terms of insurance VVG/IPA point 16)

The contract is concluded for an indefinite period.

If the insured person chooses a fixed, multi-year term, the expiry date of the contract will be specified in the policy. If the policyholder does not terminate the contract as of this date, the contract will be converted automatically to a contract with no fixed term, which will be tacitly extended by one year at a time.

Amendments to the contract initiated by Sanitas (general terms of insurance VVG/IPA point 18(3))

In this case, the policyholder has the right to terminate the Hospital Day Comfort insurance contract as of the effective date of the contract amendment. 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 will be deemed as the policyholder's consent to the amendments to the contract.

Termination (general terms of insurance VVG/IPA point 19(2))

The insurance contract may be terminated by the policyholder with effect from the end of the fixed term of contract, subject to a notice period of three months. If the contract has been taken out for a period of three years or more, it may be terminated at the end of the third year or any subsequent year, subject to a notice period of three months.

If the insurance contract was taken out for an indefinite period, it may be terminated at the end of a calendar year subject to a notice period of three months. Sanitas must receive notice of termination by 30 September at the latest.

Change of age group and place of residence (general terms of insurance VVG/IPA point 22) and change of term of contract

The premium tariff may specify different premium scales according to age, gender, place of residence and term of contract (with a multi-year discount ceasing 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

Insured persons are 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	86-90
16-20	31-35	46-50	61-65	76-80	91+

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.

Premium payments and due dates (general terms of insurance VVG/IPA point 23(1)) Premiums are due on the first day of the period being billed. Payments may be made on an annual, semiannual, quarterly, bimonthly or monthly basis, with the insurance year beginning on 1 January. Sanitas may stipulate a minimum billing amount for people paying more frequently than once a year.

Acceptance of the insurance policy (general terms of insurance VVG/IPA point 25)

Not applicable

10 Miscellaneous

1 Changes to the list

The list mentioned in these supplementary terms may be amended unilaterally by Sanitas at any time. An adjustment does not give the policyholder the right to terminate.

2 Data capture and processing

To ensure coordinated medical care, the benefits insured under Hospital Day Comfort require that healthcare providers and Sanitas exchange data on insured persons. In particular, data shared includes

- the date of the appointment with an accredited specialist
- the date of the outpatient procedure
- the indication for the outpatient procedure
- the result of treatment (complication-free or with complications)

For this purpose, in order to ensure the benefits insured under Hospital Day Comfort, the insured person gives their express consent to the following provisions in addition to the data processing rules specified in point 26 of the General terms of insurance VVG/IPA:

- disclosure of data by the service providers to Sanitas and the processing of this data by Sanitas and
- disclosure of data by Sanitas to the service providers and the processing of this data by the service providers.

In compliance with the statutory and contractual data privacy provisions, data is also disclosed to third parties authorised and commissioned by Sanitas and/or the service providers with the aim of ensuring coordinated medical care for the benefits insured under Hospital Day Comfort or for other purposes.

This consent can be withdrawn at any time with respect to Sanitas or the service provider and may result in the limitation or exclusion of benefits covered under Hospital Day Comfort.

3 Benefits following transfer to inpatient treatment

If an insured outpatient procedure unexpectedly switches to inpatient treatment for medical reasons, the benefits provided up to the point of determining the need for inpatient treatment will be reimbursed in accordance with the limits provided for in these supplementary terms pursuant to point 4.3 "Transport to and from the hospital/clinic", point 4.4 "Overnight accommodation", point 5.1 "Innovative procedures, instruments and tools for diagnosis and treatment", point 5.2 "Home help and meal delivery" and point 5.3 "Care services".

After this point, the insured person will no longer be entitled to claim benefits for this case under this supplementary insurance plan.