

SUPPLEMENTARY TERM

Hospital Private Liberty

Supplementary insurance
for a single room in the private ward
of any acute hospital worldwide

January 2004
edition
2018 version

sanitas

Purpose and basis

Hospital Private Liberty pays the additional costs of inpatient hospitalisation and treatment for a single room in the private ward of acute hospitals worldwide. 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 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.
- 4 Acute treatment is defined as treatment whereby an improvement in the person's state of health can be expected.

2 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 Emergency hospitalisation outside Switzerland

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in any acute hospital worldwide.

4 Hospitalisation abroad for planned treatments

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in any acute hospital worldwide.

5 Psychiatric clinics

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care in any psychiatric clinic worldwide.

6 Nursing homes and chronic care facilities

The following benefits are paid in the event of hospitalisation in a nursing home or chronic care facility:

- Up to 180th day: CHF 150 per day towards the costs of accommodation and nursing care
- From 181st to 720th day: CHF 80 per day towards the costs of accommodation and nursing care

Thereafter no further benefits will be paid.

7 Maternity facilities

The costs of accommodation, nursing care and treatment will be covered for a postnatal stay in an accredited maternity facility. A list can be furnished by Sanitas on request.

8 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.

9 Exceptional out-of-pocket expenses

Provided that receipts are supplied Sanitas 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.):

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

10 Nursing care at home and home help

1 If deemed necessary on medical grounds and prescribed by a doctor, the following benefits will be paid towards the costs of nursing care at home and home help for a maximum of 90 days per calendar year on the basis of detailed date-referenced invoices:

- The full costs of nursing care at home delivered by qualified nurses or nursing auxiliaries. Other persons providing nursing care are eligible for benefits to the extent that they can prove loss of earnings.
- CHF 120 per day 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 or 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.

11 Spa treatments

1 Benefits of up to the following amounts will be paid towards the cost of spa treatments:

- Treatment costs plus CHF 100 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
- Treatment costs plus CHF 200 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)
- Treatment costs plus CHF 70 per day for a maximum of 21 days per calendar year for rest cures abroad.

2 Sanitas has the right to request an examination by a company-appointed medical doctor before the spa treatment may be undertaken.

3 The above-mentioned benefits will be paid for a maximum of one spa treatment per calendar year.

12 Travel, transport, rescue and search costs

The following will be paid:

- We will cover 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 operations for persons who have had an accident or who have fallen acutely ill, 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 or who have fallen acutely ill.

13 Medical aids following an accident

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.

14 Dental damage resulting from an accident

The insurance covers outpatient treatments for dental damage resulting from an accident.

15 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 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.

4 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.

16 Benefit exclusions

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

17 Step-by-Step no-claims bonus

17.1 General

- 1 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.
- 2 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).
- 3 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.
- 4 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.
- 5 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.
- 6 If the insured transfers to a plan which, according to the applicable supplementary terms, also offers a Step-by-Step no-claims bonus or other no-claims bonus, the existing bonus bracket will be transferred.

17.2 Premium discounts and bonus brackets

- 1 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

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

17.3 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 Reductions will also be affected for products offered jointly with a partner company, even if benefits are only paid out by the partner company.
- 3 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.

18 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.

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, 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 if this is mentioned expressly. Other costs are paid by Sanitas within the scope of the coverage applicable to the person in question.

4 When must Sanitas Assistance be contacted?

- 1 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.
- 2 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 (accompanied by a person who is 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.
 - Notifying dependants (on request)
 - 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 (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 Hospital Private Liberty 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
 - Travel incidents that are not explicitly mentioned in these terms, and elective (planned) treatments.
- 2 Sanitas Assistance cannot be made liable for delays in the provision of services or the failure to provide services if circumstances of force majeure that prevent the provision of assistance occur in the country of travel.
- 8 Does the insurance provide worldwide coverage?**
In principle, Sanitas Assistance provides services worldwide. However, the following countries and regions are currently excluded from cover: Afghanistan, Algeria, Somalia and Western Sahara.
- The same applies to travel in crisis areas and countries in a state of war or civil war. Since the situation in individual countries can change rapidly, it is advisable to clarify cover with Sanitas Assistance before commencing travel as support with preparing travel abroad is an important component of the service provided by Sanitas Assistance.

