SUPPLEMENTARY TERMS

Planning a Family

December 2019 edition
2019 version

sanitas

1 Purpose and basis

The Planning a Family plan covers the cost of fertility treatments and diagnostic procedures in accordance with the following provisions. The insurance pays costs that exceed the benefits paid under mandatory basic health insurance pursuant to KVG/HIA and other social insurance pursuant to point 2 of the general terms of insurance, and in excess of other supplementary insurance plans held with Sanitas.

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

2 Geographic coverage

The insurance applies to persons resident in Switzerland. Claims can be paid abroad if Sanitas recognises care providers in the country in question.

3 Insured events

The insurance covers the eventuality where it is medically ascertained during the term of the contract that the insured woman cannot become pregnant by natural means, as well as maternity commencing during the term of the contract.

4 Benefits

4.1 Treatments
The following benefits are covered:

- Artificial insemination in the womb (homologous insemination) with the sperm of the insured's partner; all methods (ICI, IUI and ITI), maximum two rounds. The insurance covers 75% of the costs up to a maximum of CHF 2,000.
- Artificial insemination outside the womb with the sperm of the insured's partner (in vitro fertilisation, intracytoplasmic sperm injection, blastocyst culture, including aneuploidy screening). The insurance covers 75% of the costs up to a maximum of CHF 12,000.
- The insurance covers genetic embryo screening before the egg is implanted in the uterus (pre-implantation diagnostics) in accordance with the statutory provisions in Switzerland. The insurance covers 75% of the costs up to a maximum of CHF 5,000.
- Non-invasive prenatal testing (NIPT, a validated test of the mother's blood to identify potential trisomy 21, 13 and 18 chromosomal disorders in the child) with a proven combined trisomy risk of less than 1:1,000 in accordance with the Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe (SGGG, Swiss Society for Gynaecology and Obstetrics) diagnostic procedure. The insurance covers 75% of costs up to a maximum of CHF 500.
- NIPT for natural pregnancies is insured to the same amount.
- After every birth these benefits are replenished to the maximum amounts.
- Sanitas pays a share of additional services designed to support pregnancy and fertility treatment and keeps lists of recognised measures, providers and cost shares (see 4.3).

4.2 Conditions for the payment of benefits
All treatment options covered by mandatory insurance, including drug and hormone treatment, must have been exhausted or declared to be medically inefficacious.

Benefits will only be paid if Sanitas has issued a commitment to cover costs before treatment commences and the treatment is provided by a recognised care provider. This does not apply to non-invasive prenatal testing.

4.3 Recognised providers, measures and cost shares
Sanitas keeps lists of recognised care providers, measures and cost shares. The list valid at commencement of treatment applies. The list can be viewed at www.sanitas.com or provided on request. Lists can be amended, in particular in line with the selection of care providers, the availability of products and medical developments.

5 Waiting periods

The following waiting periods apply for the treatments:

- 9 months after inclusion of Planning a Family for prenatal diagnostic testing (non-invasive prenatal testing, NIPT).
- 24 months after inclusion of Planning a Family for artificial insemination inside and outside the womb and pre-implantation diagnostics.
- There is no waiting period for any other benefits.

6 Age restriction

Cover expires when the insured reaches age 44. For treatments that have already begun, the date of commencement of treatment applies.

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