
Wincare line

Hospital insurance

Supplementary insurance for inpatient treatment

Supplementary Terms

January 2017 edition

Insurance carrier: Sanitas Privatversicherungen AG

sanitas

General

1 Object of the insurance plans

1 These Supplementary Terms govern the following supplementary insurance plans:

- **Private / Semiprivate**

Supplementary insurance for accommodation, care and treatment costs not covered by basic insurance in the private/semiprivate ward of an acute hospital.

- **Hospital Comfort 1 / Hospital Comfort 2**

Supplementary insurance for accommodation and care costs not covered by basic insurance during hospitalisation in a single or two-bed room of a contractual hospital.

- **Private Doctor**

Supplementary insurance for treatment costs not covered by basic insurance with a free choice of doctor in a contractual hospital (chief consultant, senior physician, attending physician)

- **Hospitals on KVG/LAMal list (general ward)**

Supplementary insurance for accommodation, care and treatment costs not covered by basic insurance in the general ward of an acute hospital that is on the KVG/LAMal list.

- **Hospitals not on KVG/LAMal list**

Supplementary insurance for accommodation, care and treatment costs in an acute hospital not on the KVG/LAMal list (level of accommodation, care and treatment in accordance with the supplementary hospital insurance)

2 The insurance plans can be taken out with or without accident cover.

2 Applicable terms

If any matter is not dealt with specifically in these Supplementary Terms, the General Terms of Insurance of the Wincare line for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA) shall apply.

Definitions

3 Acute hospital

1 Acute hospitals are defined as treatment facilities and clinics that are directed and overseen by medical doctors to provide inpatient treatment for acute illnesses or conditions resulting from accidents or inpatient medical rehabilitation measures. They must deliver adequate medical care, sufficient professional staff, appropriate medical equipment and appropriate pharmaceutical care. For the present purposes, acute hospitals also include maternity, psychiatric and rehabilitation clinics.

2 Health spas, old-people's homes, nursing homes, hospices and other facilities not intended for acute care are not defined as acute hospitals.

4 KVG/LAMal listed hospital

1 KVG/LAMal listed hospitals are acute hospitals that appear on the canton list pursuant to Article 39.1 e of the Federal Health Insurance Act (KVG/LAMal).

2 A list will be provided to insured persons upon request.

5 Non-listed hospital

1 Non-listed hospitals are

- Acute hospitals that do not appear on the canton list pursuant to Article 39.1 e of the Federal Health Insurance Act (KVG/LAMal);
- Facilities that provide day-care acute treatment and have beds for inpatient treatment.

2 A list will be provided to insured persons upon request.

6 Contractual hospital

1 Contractual hospitals are acute hospitals that undertake to recognise the Hospital Comfort and Private Doctor supplementary insurance plans and agree to settle the benefits for Private Doctor and Hospital Comfort separately at the agreed rates.

2 A list will be provided to insured persons upon request.

Benefits under general, semiprivate and private insurance

7 Insurance models

- 1 Depending on the agreement, the insurance covers hospitalisation on the general, semiprivate or private hospital ward.
- 2 General ward refers to a multi-bed room at a tariff approved by Sanitas.
- 3 Semiprivate ward refers to a 2-bed room or, in exceptional cases, a room with more than 2 beds at a tariff approved by Sanitas.
- 4 Private ward refers to a single room or, in exceptional cases, a room with 2 beds at a tariff approved by Sanitas.
- 5 If an acute hospital has varying or no classification criteria for a hospital ward, this is deemed to be a private ward.

8 Scope of benefits

- 1 During hospitalisation in a KVG/LAMal listed hospital:
The benefits of this insurance cover are provided supplementary to the respective basic insurance.
- 2 During hospitalisation in a non-listed hospital:
The benefits of this insurance are provided as a supplement to the supplementary insurance for non-listed hospitals. If the insured does not have this supplementary insurance, the share that would have had to be paid by mandatory basic health insurance in a KVG/LAMal listed hospital is deducted.
- 3 The insurance covers the accommodation, care and treatment costs in an acute hospital in accordance with the chosen insurance model (general, semiprivate or private ward).

9 Scope of benefits in case of underinsurance

- 1 Persons who are insured for a semiprivate ward will be provided with 75% of the benefits of the private ward insurance cover if they stay in a private ward.
- 2 Persons who are insured for a general ward will be provided with 20% of the benefits of the private ward insurance cover if they stay in a private ward or 40% of the benefits of the semiprivate ward insurance cover if they stay in a semiprivate ward.

10 Benefits abroad

- 1 In the event of a medically necessary inpatient stay in an acute hospital or psychiatric clinic abroad, the insurance covers accommodation, nursing care and treatment costs not otherwise covered.
- 2 Benefits will be paid until repatriation or transfer to an appropriate hospital in Switzerland is deemed reasonable on medical grounds. The insurance does not cover transfers and hospital costs in third countries.
- 3 No benefits will be paid if the insured person goes abroad for treatment or childbirth.
- 4 The insured person must submit any medical details and detailed original invoices needed to determine benefits. If the insured person cannot provide detailed invoices, the benefits will be paid in accordance with the type, severity and duration of the illness or consequences of the accident.

11 Benefits for convalescent therapy

- 1 If convalescent therapy is necessary on medical grounds and prescribed by a doctor for recovery after a serious illness, accident or operation, the following benefits shall be paid per day for a maximum of 21 days per calendar year.
 - General ward cover: CHF 30
 - Semiprivate ward cover: CHF 50
 - Private ward cover: CHF 70
- 2 The convalescent therapy must take place in a spa facility in Switzerland accredited by Sanitas. A list will be provided to insured persons upon request.

12 Benefits for home help

- 1 If the insured person suffers 100% incapacity to work and requires home help on the grounds of ill health and due to family circumstances, the following benefits will be paid per day for specified medically prescribed home help services not covered by other insurance for a maximum of 30 days per calendar year:
 - General ward cover: CHF 30
 - Semiprivate ward cover: CHF 50
 - Private ward cover: CHF 70
- 2 The home help must be someone who is self-employed or who works for an organisation. If another person provides home help services, only the additional costs or loss of earnings are insured.

Benefits under Hospital Comfort insurance plan

13 Insurance models

Depending on the chosen model, hospitalisation in a single room (Hospital Comfort 1) or 2-bed room (Hospital Comfort 2) is covered.

14 Scope of benefits

- 1 During hospitalisation in a contractual hospital that is on the KVG/LAMal list:
The benefits of this insurance cover are provided supplementary to the respective basic insurance.
- 2 During hospitalisation in a contractual hospital that is not on the KVG/LAMal list:
The benefits of this insurance are provided as a supplement to the supplementary insurance for non-listed hospitals. If the insured does not have this supplementary insurance, the share that would have had to be paid by mandatory basic health insurance in a KVG/LAMal listed hospital is deducted.
- 3 The insurance covers accommodation and nursing costs in a contractual hospital.
- 4 Benefits will be paid if the insured has to spend at least one night in a contractual hospital.

15 Scope of benefits in case of underinsurance

Persons insured under Hospital Comfort 2 will only be paid benefits in conjunction with Hospital Comfort 2 in the event of hospitalisation in a room rated as Hospital Comfort 1.

Benefits under Private Doctor insurance plan

16 Private Doctor

Private doctors are deemed to be leading specialists in a contractual hospital (chief consultants, senior physicians, attending physicians).

17 Scope of benefits

- 1 During hospitalisation in a contractual hospital that is on the KVG/LAMal list:
The benefits of this insurance cover are provided supplementary to the respective basic insurance.
- 2 During hospitalisation in a contractual hospital that is not on the KVG/LAMal list:
The benefits of this insurance are provided as a supplement to the supplementary insurance for non-listed hospitals. If the insured does not have this supplementary insurance, the share that would have had to be paid by mandatory basic health insurance in a KVG/LAMal listed hospital is deducted.
- 3 The insurance covers the additional costs arising from a free choice of doctor for treatment (including examinations, operations and medical assistance) provided by a private doctor in a contractual hospital.
- 4 Benefits in accordance with para. 3 will also be paid if costs arise from day-care treatment.

Benefits under KVG/LAMal listed hospitals

18 Scope of benefits

- 1 The benefits of this insurance are provided as a supplement to mandatory basic health insurance.
- 2 The insurance covers accommodation, nursing care and treatment costs in the general ward of a KVG/LAMal listed hospital at a tariff approved by Sanitas.

19 Scope of benefits in case of underinsurance

In case of hospitalisation in a semiprivate or private ward, only the costs of the general ward supplementary to mandatory basic health insurance shall be covered.

Benefits under non-listed hospitals

20 Scope of benefits

This insurance covers accommodation, nursing care and treatment costs in a non-listed hospital at a tariff approved by Sanitas or an equivalent rate. To be entitled to benefits, the insured must have supplementary insurance from Sanitas for the private, semiprivate or general ward or for KVG/LAMal listed hospitals. The level of accommodation, nursing care and treatment provided is determined by the scope of services delivered under the insured's hospital insurance.

Joint provisions on insurance cover

21 Benefit period

- 1 The insured benefits shall be paid for an indefinite period, provided that acute hospital care is medically indicated by the diagnosis and overall medical treatment.
- 2 In the event of an inpatient stay in a psychiatric clinic, the insured benefits shall be paid provided that hospitalisation is necessary on medical grounds and the insured is not suffering from a chronic medical condition; benefits will be paid for a maximum of 90 days within a calendar year.

22 Insurance cover for healthy newborns

Hospital costs not covered for healthy newborns that are insured with Sanitas from birth will be paid under the mother's hospital insurance.

23 Second opinion

Before undergoing surgery, insured persons can contact the consulting physician appointed by Sanitas or another doctor to check whether the operation is medically necessary (second opinion). The cost of this review shall be covered by Sanitas.

24 Benefit exclusions

As an addendum to the exclusions listed under the General Terms of Insurance of the Wincare line for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), no benefits will be paid from these supplementary insurance plans

- for dental treatments not in the list of mandatory benefits under basic health insurance;
- for hospitalisation in a facility not deemed an acute hospital or not deemed suitable for the care and treatment needed from a medical or economical perspective;
- for bone marrow or organ transplants for which the SVK (Schweizerischer Verband für Gemeinschaftsaufgaben der Krankenkassen) has agreed flat-rate amounts paid for by mandatory basic health insurance, regardless of the hospital performing the transplant;
- under Hospital Comfort insurance for medical treatment in conjunction with hospitalisation;
- under Private Doctor insurance for accommodation and nursing care costs, all transport costs and technical services.

Choice of deductible

25 Choice of deductible

- 1 In return for a reduction in premiums, the insured person with private/semiprivate, Hospital Comfort or Private Doctor cover has the option of paying a greater share of the costs of these supplementary insurance plans up to a fixed amount per calendar year (deductible). The agreed deductible is specified in the policy.
- 2 To switch to a lower deductible, the insured person must reapply by filling out a new insurance application. This is only possible after 3 years of cover with effect from the start of a calendar year, subject to 3 months' notice.
- 3 If the insurance with choice of deductible has been in place for less than a calendar year, the deductible will be increased proportionately.
- 4 The chosen deductible will only be charged once for short-term hospital stays extending beyond the end of the year. The duration of a short-term hospital stay is a maximum of 30 days.

Wincare line

Hospital insurance in the event of accident

Supplementary insurance for inpatient treatment in the event of accident

Supplementary Terms

January 2017 edition

Insurance carrier: Sanitas Privatversicherungen AG

General

1 Object of the insurance

These Supplementary Terms govern insurance cover in the event of accident for the semiprivate/private ward in all hospitals in Switzerland (KVG/LAMal listed hospitals and non-listed hospitals).

2 Applicable terms

If any matter is not dealt with specifically in these Supplementary Terms, the General Terms of Insurance of the Wincare line for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA) shall apply.

Definitions

3 Acute hospital

- 1 Acute hospitals are defined as treatment facilities and clinics that are directed and overseen by medical doctors to provide inpatient treatment for conditions resulting from accidents or inpatient medical rehabilitation measures. They must deliver adequate medical care, sufficient professional staff, appropriate medical equipment and appropriate pharmaceutical care. For the present purposes, acute hospitals also include psychiatric and rehabilitation clinics.
- 2 Health spas, old-people's homes, nursing homes, hospices and other facilities not intended for acute care are not defined as acute hospitals.

Benefits

4 Insurance models

- 1 Depending on the agreement, the insurance covers hospitalisation on the semiprivate or private hospital ward.
- 2 Semiprivate ward refers to a 2-bed room or, in exceptional cases, a room with more than 2 beds at a tariff approved by Sanitas.
- 3 Private ward refers to a single room or, in exceptional cases, a room with 2 beds at a tariff approved by Sanitas.
- 4 If an acute hospital has different or no classification criteria for hospital wards, this is deemed to be a private ward for the purpose of the insurance.

5 Scope of benefits

- 1 The insurance covers accommodation, nursing care and treatment costs in the event of an accident in the semiprivate/private ward of an acute hospital (KVG/LAMal listed hospitals and non-listed hospitals) at a tariff approved by Sanitas.
- 2 The benefits of this insurance are provided supplementary to mandatory basic health insurance pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal) and mandatory accident insurance pursuant to the Swiss Federal Accident Insurance Act (UVG/LAA).

6 Scope of benefits in case of underinsurance

Persons who are insured for a semiprivate ward will be provided with 75% of the benefits of the private ward insurance cover if they stay in a private ward.

7 Benefits abroad

- 1 In the event of a medically necessary inpatient stay in an acute hospital or psychiatric clinic abroad, the insurance covers accommodation, nursing care and treatment costs not otherwise covered.
- 2 Benefits will be paid until repatriation or transfer to an appropriate hospital in Switzerland is deemed reasonable on medical grounds. The insurance does not cover transfers and hospital costs in third countries.
- 3 No benefits will be paid if the insured person goes abroad for treatment.
- 4 The insured person must submit any medical details and detailed original invoices needed to determine benefits. If the insured person cannot provide detailed invoices, the benefits will be paid in accordance with the type, severity and duration of the consequences of the accident.

8 Benefits for convalescent therapy

- 1 If convalescent therapy is necessary on medical grounds and prescribed by a doctor for recovery after a serious accident, the following benefits shall be paid per day for a maximum of 21 days per calendar year.
 - Semiprivate ward cover: CHF 50
 - Private ward cover: CHF 70
- 2 The convalescent therapy must take place in a spa facility in Switzerland accredited by Sanitas. A list will be provided to insured persons upon request.

9 Benefits for home help

- 1 If the insured person suffers 100% incapacity to work and requires home help on the grounds of ill health and due to family circumstances, the following benefits will be paid per day for specified medically prescribed home help services not covered by other insurance for a maximum of 30 days per calendar year:
 - Semiprivate ward cover: CHF 50
 - Private ward cover: CHF 70
- 2 The home help must be someone who is self-employed or who works for an organisation. If another person provides home help services, only the additional costs or loss of earnings are insured.

10 Benefit period

- 1 The insured benefits shall be paid for an indefinite period, provided that acute hospital care is medically indicated by the diagnosis and overall medical treatment.
- 2 In the event of an inpatient stay in a psychiatric clinic, the insured benefits shall be paid provided that hospitalisation is necessary on medical grounds; benefits will be paid for a maximum of 90 days within a calendar year.

11 Second opinion

Before undergoing surgery, insured persons can contact the consulting physician appointed by Sanitas or another doctor to check whether the operation is medically necessary (second opinion). The cost of this review shall be covered by Sanitas.

12 Benefit exclusions

As an addendum Point 25 of the General Terms of Insurance of the Wincare line for supplementary insurance plans pursuant to the Swiss Federal Act on Insurance Contracts (VVG/LCA), no benefits will be paid from these supplementary insurance plans

- for hospitalisation in a facility not deemed an acute hospital or not deemed suitable for the care and treatment needed from a medical or economical perspective;
- for organ transplants for which the SVK (Schweizerischer Verband für Gemeinschaftsaufgaben der Krankenkassen) has agreed flat-rate amounts paid for by mandatory basic health insurance, regardless of the hospital performing the transplant.