

Supplementary terms

Family

Supplementary insurance
for outpatient treatment

January 2004 edition
amended 2021

Purpose and basis

Family will cover the costs of outpatient treatment in accordance with the following provisions. 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 pursuant to point 2 of the General Terms of Insurance.

Coverage for the risk of accident cannot be excluded.

Services at the place of residence in the event of illness and accident are insured via Home Assistance. The terms appended at the end 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).

This translation is provided for the sake of convenience. The wording of the German original shall take precedence.

Benefits

1 Medical treatment throughout Switzerland

This article has been repealed.

Since 1 January 2018, the costs of outpatient treatment outside the place of residence or place of work based on the tariff applied by the respective care provider must be covered under basic insurance in accordance with Article 41 of the Federal Health Insurance Act (KVG/HIA).

2 Emergency outpatient treatment outside Switzerland

The insurance covers 90% of the costs of emergency treatment outside Switzerland for a maximum of 180 days. The insurance covers outpatient treatment conducted by medical doctors as well as medically prescribed outpatient treatment.

3 Psychotherapy

The insurance covers 80% of the costs, up to a maximum of CHF 1,000 per calendar year, of medically prescribed psychotherapy conducted by independent psychotherapists.

4 Drugs

- 1 The insurance provides coverage of 90% of the costs of medically prescribed, uninsured drugs, provided that the drug in question is registered with Swissmedic (the Swiss Agency for Therapeutic Products) for the indication in question.
- 2 Sanitas has a list of drugs that are not covered. This list is updated on an ongoing basis; it is available for inspection at Sanitas, and excerpts from the list can be furnished on request.
- 3 Alternative medical drugs that are insured as per 8.1 are not covered under this provision.

5 Glasses or contact lenses

The insurance provides worldwide coverage for the following benefits for glasses (including frames) or contact lenses necessary for the correction of vision:

– Up to a maximum of CHF 300 every 3 calendar years for adults

– Up to a maximum of CHF 200 per calendar year for children under age 18

6 Medical aids

The insurance covers 80% of the costs of hiring or purchasing medically prescribed medical aids (except glasses and contact lenses), up to a maximum of CHF 500 per calendar year.

7 Home help

- 1 The insurance covers a maximum of CHF 50 per day, up to a maximum of CHF 2,500 per year, towards the costs of home help provided by persons not living in the same household:
- in the event that a child is hospitalised (via this child's insurance)

– in the event that the parent providing for the household is hospitalised (via this parent's insurance)
- 2 These benefits will only be paid on the basis of detailed date-referenced invoices.

8	Benefits from the benefit account
1	The benefits detailed in 8.1 to 8.7 below are paid by Sanitas from the version of the benefit account chosen by the insured:
	Version 1: 80%, up to a maximum of CHF 10,000 per calendar year
	Version 2: 80%, up to a maximum of CHF 25,000 per calendar year
	Version 3: 80%, up to a maximum of CHF 50,000 per calendar year
2	In each case, the maximum amount applies to all benefits together.
8.1	Alternative medicine
1	The insurance covers the costs of treatment administered in accordance with complementary medical methods by <ul style="list-style-type: none"> – medical doctors – pharmacists with the relevant additional training – naturopathic doctors accredited by a canton – NVS (full member) naturopaths and natural health practitioners
2	Benefits will also be paid up to the stipulated amounts for treatment administered on medical prescription by other therapists with the relevant training.
8.2	Maternity
	The mother’s insurance covers the costs of the following maternity care: <ul style="list-style-type: none"> – Check-ups during pregnancy (including 1 ultrasound scan) – Pre- and postnatal exercise, and prenatal classes – Milk substitute for a child under the age of two who cannot tolerate mothers’ milk, provided that this is medically prescribed and that the child also has this insurance
8.3	Preventive care and health promotion
	The insurance covers the costs of the following preventive and prophylactic measures: <ul style="list-style-type: none"> – Vaccinations – Check-ups (including 1 HIV test per calendar year) – Gynaecological check-ups (including 1 mammogram per calendar year) – Vasectomy or sterilisation – Treatment for chronic back pain administered by certified physiotherapists on medical prescription – Medically prescribed stop smoking treatment
	Sanitas also makes contributions to other health promotion measures. Health promotion measures and healthcare providers recognised by Sanitas and the applicable contributions are published in a list. Sanitas reserves the right to change this list at any time. Changes to the list do not entitle customers to cancel their insurance.

8.4	Dental treatment
	The insurance pays the following benefits for dental treatment: <ul style="list-style-type: none"> – Orthodontic treatment for children under age 18 – Removal of wisdom theeth – Drugs prescribed by a dentist
8.5	Cosmetic interventions
1	The insurance covers the costs of the following cosmetic interventions provided that they are medically prescribed: <ul style="list-style-type: none"> – Breast operations – Scar correction – Operations to correct protruding ears (otoplasty)
2	Outpatient treatment will be covered in accordance with the KVG/LAMal tariff.
3	The costs of inpatient treatment will be covered up to a maximum of the tariff for the general ward of an acute hospital in the canton of residence with a cantonal mandate as per Art. 39 KVG/LAMal. In the case of cross-border commuters, the canton in which the employer is based applies.
8.6	Rooming-in
	The insurance covers the following hospital accommodation costs: <ul style="list-style-type: none"> – The costs of hospital accommodation for a parent accompanying a child (under age 5) undergoing inpatient treatment; paid via the child’s insurance – The costs of hospital accommodation for a nursing infant accompanying a mother undergoing inpatient treatment; paid via the mother’s insurance
8.7	Travel and transport costs
	The insurance covers: <ul style="list-style-type: none"> – The costs 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 second 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.

9	Waiver of premiums in the event of death or disability
1	Children's premiums for mandatory basic health insurance and any supplementary insurance plans are insured under the parent’s insurance in the event of: <ul style="list-style-type: none"> – The death of this parent – The long-term disability of this parent, provided that a full disability pension is paid under the terms of the IV/AI
	Insurance must have been taken out for the children with Sanitas before the event occurred. Premiums will be paid for children under age 18.
2	A waiver of the premium must be applied for in writing enclosing the relevant official documents (death certificate, IV/AI confirmation of pension entitlement).
3	If Sanitas receives the application later than one year after the death or IV/AI confirmation of pension entitlement, premiums will be waived as of the month in which the application was received by Sanitas.
4	If the disabled parent remarries or their degree of disablement is reduced, Sanitas must be notified immediately in writing, and the entitlement to a waiver of premium expires as of the month following the change. In the case of late notification, premiums will be backdated.
5	The risk carrier for the benefits described in this paragraph is Swiss Life, with its registered office in Zurich. Benefits must be claimed from Sanitas.

Miscellaneous

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Loyalty bonus

1

When they reach the age of 7, 14 an 18, each child insured receives a loyalty bonus of CHF 50 for every year they have been insured with Sanitas.

2

They are entitled to this loyalty bonus if they were covered under Sanitas mandatory basic health insurance and Family in the relevant insurance years and at the time of the payment in question.

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Premium waiver for third child onwards

1

No premium will be charged to insure the third child and each additional child of a family under age 18, provided that the first two children also have this insurance.

2

Children under age 18 count for the purposes of calculating the entitlement to a premium waiver.

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Recognition of care providers

For treatments in Switzerland, only invoices issued by persons with a federal or cantonal diploma or the corresponding cantonal professional licence will be accepted.

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Changing the benefit account option

It is possible to change the chosen version of the benefit account with effect from January 1 of any year. The terms of point 14 of the General Terms of Insurance apply.

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Automatic transfer to Classic or Jump

For children

1

Cover under the Family plan ceases on December 31 of the year in which the child reaches age 20. The automatic transfer to Jump supplementary insurance takes place on January 1 of the following year.

2

Cover under the Family plan ceases on December 31 if no parent has this cover in the following year. The automatic transfer to Classic supplementary insurance (or, in the case of young people age 18 and over, to Jump) takes place on January 1 of the following year.

For parents

3

Cover under the Family plan ceases on December 31 of the year in which the last child in the family leaves the Family plan. The automatic transfer to Classic supplementary insurance takes place on January 1 of the following year.

For newborn infants whose parents are not covered

4

If a newborn infant is insured without its parents and – for whatever reason – at least one parent does not have Family supplementary insurance within 18 months of the birth, the child will be automatically transferred to Classic supplementary insurance on January 1 of the following year.

5

Any restrictions in place as per point 14 of the General Terms of Insurance will continue to apply unchanged to all transfers as per 1 to 4 above.

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Early transfer to Classic or Jump
- 1

An early transfer to Classic or – subject to the relevant conditions – jump is possible on January 1 of the year without a new risk assessment.
- 2

Any restrictions in place as per point 14 of the General Terms of Insurance will continue to apply unchanged.

Terms of Home Assistance

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What is Home Assistance?
- Home Assistance is a service provided by the global emergency rescue organisation Europ Assistance on behalf of Sanitas. The service includes the organisation of assistance at the place of residence in the event of illness or accident.
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Who is responsible for the benefits and services offered under Home Assistance?
- 1

The organisational services provided under Home Assistance are managed by Europ Assistance on behalf of Sanitas.
- 2

The costs of services organised under Home Assistance are paid by Sanitas within the scope of the coverage applicable to the person in question.
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How can Home Assistance be reached?
- The 24-hour Home Assistance telephone service can be reached 7 days a week. The telephone number is specified on the Sanitas card.
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What services and benefits does Home Assistance provide?
- Care of children under age 16**
- 1

If an insured person, their life partner or the person currently looking after the children in the absence of both parents is hospitalised, Home Assistance provides the following services:
- Organising home help to look after the children at home

– Organising travel, to and from the place of residence, for a dependent appointed by the policyholder who lives in Switzerland but not in the same household to look after the children at home
- Care of sick children under age 16**
- 2

If a child falls ill or has an accident, and both parents are absent, Home Assistance provides the following services:
- Organising a nurse or nursing auxiliary to provide nursing care at home

– Organising travel, to and from the place of residence, for a dependent appointed by the policyholder who lives in Switzerland but not in the same household to provide nursing care at home.

- 3

Finding medical personnel and delivering drugs
- In emergencies which are not life threatening and therefore do not require emergency medical assistance, Home Assistance provides the following organisational services:
- Finding a doctor if the family doctor is absent or not available

– Finding a nurse or nursing auxiliary

– Finding other medical personnel

– Organising drugs and home delivery of drugs if neither the insured nor a dependant can do so

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For how long does Home Assistance provide these services and benefits?
- Home Assistance is valid during the time in which the person in question is covered under Family supplementary insurance.
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Where does Home Assistance cover apply?
- Home Assistance cover is valid in Switzerland and in the enclaves of Büsingen and Campione.

