

Supplementary terms

Jump

Supplementary insurance for outpatient treatment

January 2004 edition
amended 2021

Purpose and basis

Jump 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.

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This article has been repealed.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 Alternative medicine

1 The insurance covers 80% of the costs, up to a maximum of CHF 1,500 per calendar year, of treatment administered in accordance with complementary medical methods by

- 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.

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 3 above are not covered under this provision.

5 Maternity

The insurance covers 80% of the costs of the following maternity care, up to a maximum of CHF 500 per calendar year:

- Check-ups during pregnancy (including 1 ultrasound scan)
- Pre- and postnatal exercise, and prenatal classes

6 Preventive care and health promotion

The insurance covers 80% of the costs of the following preventive and prophylactic measures, up to a maximum of CHF 500 per calendar year:

- Vaccinations
- Check-ups (including 1 HIV test per calendar year)
- Gynaecological check-ups (including 1 mammogram per calendar year)
- 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.

7 Glasses or contact lenses

The insurance provides worldwide coverage, up to a maximum of CHF 200 every three calendar years, for glasses (including frames) or contact lenses necessary for the correction of vision.

8 Dental treatment

The insurance pays the following benefits for dental treatment:

- Up to a maximum of CHF 100 per tooth for the removal of wisdom teeth
- The costs of drugs prescribed by a dentist

9 Cosmetic interventions

1 The insurance covers 80% of the costs of the following cosmetic interventions provided that they are medically prescribed:

- 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.

10 Travel and transport costs

In total, a maximum of CHF 1,000 will be paid per calendar year for:

- 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.

11 Benefits in the event of hospitalisation

1 The following coverage only applies to Jump insurance commencing before 1 January 2004, and only if Hospital Standard is also insured.

2 On the basis of the supplementary terms of Hospital Standard, in the event of hospitalisation in the semiprivate or private ward of an acute hospital, a maximum of CHF 50 per day will be paid towards the costs of accommodation and nursing care, and a maximum of CHF 2,000 per calendar year towards the costs of treatment. These benefits are restricted to hospitalisation in hospitals that appear on the cantonal lists of hospitals divided into categories by mandate.

Miscellaneous

12 Jump bonus

1 Sanitas grants a CHF 50 bonus to insured persons who in addition to Jump have also taken out mandatory basic health insurance with Sanitas, and have not claimed benefits in either plan for an observation period of twelve months.

2 An observation period runs from September 1 to August 31 of the following year. Benefits paid out on Jump and mandatory basic health insurance during this observation period (as per the date of the claim settlement advice from Sanitas) apply for the purposes of the no-claims bonus.

13 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.

14 Automatic transfer to Classic

1 Cover under the Jump plan ceases on December 31 of the year in which the insured reaches age 35. The automatic transfer to Classic supplementary insurance takes place on January 1 of the following year.

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

15 Early transfer to Classic or Jump

1 An early transfer to Classic or – subject to the relevant conditions – Family 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.

