

# Corporate Hospital Standard

Supplementary insurance for  
inpatient treatment on the general  
ward of any contractual hospital in  
Switzerland

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Insurance carrier:  
Sanitas Privatversicherungen AG based in Zurich

## Purpose and basis

Corporate Hospital Standard covers costs based on 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.

The risk of accident can be included.

These supplementary terms are based on the Sanitas Corporate Private Care general terms of insurance for s-care supplementary plans pursuant to VVG/IPA (2023 edition) or the general terms of insurance for p-care supplementary plans pursuant to VVG/IPA (2023 edition).

## 1 Benefits

### 1.1 Definitions

Acute hospitals are defined as treatment facilities and clinics that are directed and overseen by medical doctors and admit only persons suffering from acute illnesses or the consequences of an accident. For the present purposes, acute hospitals also include maternity, psychiatric and rehabilitation clinics.

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

Contractual hospitals are defined as acute hospitals with a cantonal mandate as per Art. 39 KVG/HIA which have entered into a tariff agreement with Sanitas for the ward in question. The list of contractual hospitals is available for inspection at Sanitas, and excerpts from the list can be provided on request.

Inpatient hospital stays are defined as stays

- of at least 24 hours
- of less than 24 hours, where a bed is occupied during one night
- in hospital when transferred to another hospital
- at the birth centre when transferred to another hospital
- in the event of death.

Acute treatment is defined as treatment whereby an improvement in the person's state of health can be expected.

### 1.2 Hospitalisation in Switzerland

The insurance covers the accommodation, nursing care and treatment costs of inpatient acute care on the general ward of any contractual hospital in Switzerland.

In the event of hospitalisation on the semiprivate or private ward (or on the general ward without a binding tariff agreement), a maximum of CHF 50 per day is paid towards the cost of accommodation and nursing care, and CHF 2,000 towards treatment costs per calendar year. However, this only applies to hospitals that are included on the cantonal lists of hospitals divided into categories by mandate. This benefit is also paid if the applicable hospital has a general ward with contract cover.

### 1.3 Emergency hospitalisation outside Switzerland

In the event of acute emergency inpatient treatment abroad, accommodation costs on the private ward (single room) are covered for a maximum of 60 days, but only for as long as it is neither possible nor appropriate for medical reasons for the insured to be transported home.

### 1.4 Emergency outpatient treatment outside Switzerland

The insurance covers the cost of treatment in the event of emergencies abroad. Cover includes outpatient treatment provided by doctors as well as medically prescribed outpatient treatment.

### 1.5 Psychiatric clinics

The costs of acute inpatient treatment in a psychiatric clinic or special psychiatric ward are paid in accordance with point 1.2 for a period of 90 days.

From the 91st day: the treatment costs and a maximum of CHF 20 per day towards the costs of accommodation and nursing care will be paid. At AHV/AVS retirement age, these benefits will continue to be paid for a maximum of 720 days within a period of 900 days.

Hospitalisation in psychiatric clinics abroad within the scope of point 1.3 is included in the benefit period.

### 1.6 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 20 per day towards the costs of accommodation and nursing care
- From 181st to 540th day: CHF 10 per day towards the costs of accommodation and nursing care

Thereafter no further benefits are paid.

### 1.7 Birth centres

The costs of accommodation, nursing care and treatment are covered for a postnatal stay at an accredited birth centre. A list can be provided by Sanitas on request.

### 1.8 Benefits for new-born infants

Provided the child is hospitalised with its mother, the costs of hospitalisation for a healthy infant will be paid under the mother's insurance.

### 1.9 Nursing care at home

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

- CHF 20 per day for nursing care at home provided by qualified nursing professionals. Other persons providing care at home are entitled to these benefits if they can prove loss of earnings to this extent due to providing care.
- In the event of childbirth, the specified benefits will be paid for a maximum of 14 days within one month after the birth, and included in the maximum benefit period.

In total, a maximum of CHF 1,800 per calendar year will be paid towards the costs of care at home.

### 1.10 Home help

On the basis of detailed date-referenced invoices, the following benefits will be paid towards the costs of home help if this is necessary on medical grounds and prescribed by a doctor:

- CHF 25 per hour for home help provided by a person not living in the same household. The insured person running the household is entitled to this benefit immediately after a stay in hospital.
- In the event of childbirth, the specified benefits will be paid for a maximum of 14 days within one month after the birth, and included in the maximum benefit period.

In total, a maximum of CHF 500 per calendar year will be paid towards the cost of home help.

### 1.11 Spa treatments

The following maximum benefits are covered for spa therapy:

- CHF 50 (for spa therapy incl. KVG/HIA contribution) per day for max. 21 days per calendar year for inpatient spa therapy in spas in Switzerland accredited as per Art. 40 KVG/HIA 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 (following serious illness or immediately after more serious operations). For convalescent therapy in Switzerland, an additional 90% of the costs for doctors and medicines and for medically prescribed therapies deemed medically necessary will be covered.
- CHF 100 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).

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

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

### 1.12 Travel and transport costs, rescue and search operations

In total, a maximum of CHF 10,000 will be paid per calendar year for:

- Cost of travel in connection with radiotherapy, chemotherapy or haemodialysis conducted outside the home. The costs paid will not exceed the cost of public transport (2nd-class ticket)
- Emergency transport to the nearest doctor or nearest hospital able to deliver appropriate treatment, and ambulances required for transport on medical grounds
- Rescue and search operations for persons who have had an accident or who have fallen acutely ill

### 1.13 Cosmetic procedures

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

- Breast operations
- Scar corrections
- Operations to correct protruding ears

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/HIA.

### 1.14 Alternative medicine

The insurance covers 80% of the costs (examinations, therapies, dispensed medicines), up to a maximum of CHF 1,000 per calendar year. The chosen healthcare provider, therapy method used and the medicines dispensed must be recognised by Sanitas. The therapy methods and requirements for healthcare providers recognised by Sanitas 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. The list valid at the time of treatment applies.

Benefits to the extent mentioned are also provided by other, appropriately trained therapists. The requirements for therapists and recognised therapy methods that are used for remuneration are also published on the list referred to in paragraph 1.

## 2 Miscellaneous

### 2.1 Entitlement to benefits and obligations

The benefits insured in the event of hospitalisation will be paid provided that acute hospital care is medically indicated.

Sanitas must be notified of admission to hospital immediately, but within 4 days at the latest. If a commitment to cover costs is required, Sanitas must be notified 2 weeks before admission.

If the insured person opts to exercise their right to choose a private ward, Sanitas must be notified two weeks before admission to hospital, except in the case of emergencies.

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 spa treatment 2 weeks before commencement.

Moreover, benefits for spa treatments will be paid only provided that outpatient treatment is inappropriate and unlikely to be effective and that the spa treatment involves therapeutic measures.

