

Corporate Hospital Extra

Supplementary insurance for
inpatient treatment in a two-bed
room on the semiprivate ward of
any acute hospital in Switzerland

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Insurance carrier:
Sanitas Privatversicherungen AG based in Zurich

Purpose and basis

Corporate Hospital Extra 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 Inpatient 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.

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 acute inpatient care in a 2-bed room on the semiprivate ward of any acute hospital in Switzerland. If the hospital does not have a semiprivate ward, the insurance covers the costs of a 2-bed room on the private ward. Basic health insurance costs for hospitals not on the cantonal lists of hospitals are also covered. Further benefits are detailed in these supplementary terms.

In the event of hospitalisation in a single room on the private ward, 90% of treatment costs and 75% of accommodation and nursing care costs will be paid.

1.3 Emergency hospitalisation outside Switzerland

Cost of treatment and accommodation in a single room on the private ward for a maximum of 180 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 Hospitalisation outside Switzerland for elective treatment

For elective treatment abroad, a request for a commitment to cover costs must be submitted to Sanitas. The same applies if further medical measures are planned abroad after treatment has already taken place. Accommodation, nursing care and treatment costs are paid for a maximum of 90 days at a maximum of CHF 1,000 per day.

1.6 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 120 days.

From the 121st day, the treatment costs and a maximum of CHF 100 per day will be paid towards the costs of accommodation and nursing care. At AHV/AVS retirement age, these benefits will continue to be paid for a maximum of 720 days within a period of 900 days.

In psychiatric clinics or on special psychiatric wards without a cantonal mandate, costs that would be covered under mandatory basic insurance in a hospital with a cantonal mandate are paid from the 121st day for a total of 600 days in addition to the benefits stipulated in point 1.2.

Hospitalisation in psychiatric clinics abroad within the scope of points 1.3 and 1.5 is included in the benefit period.

1.7 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 100 per day towards the costs of accommodation and nursing care
- From 181st to 540th day: CHF 50 per day towards the costs of accommodation and nursing care

Thereafter no further benefits are paid.

1.8 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.

1.9 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.

1.10 Exceptional out-of-pocket expenses

A maximum of CHF 100 per hospital stay will be paid for exceptional out-of-pocket expenses incurred directly in connection with inpatient hospitalisation (taxi fares to and from hospital, telephone calls, etc.), provided that receipts are supplied.

1.11 Nursing care at home

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

- Up to a maximum of CHF 50 per day towards the cost of care at home by qualified nursing professionals for 90 days per calendar year
- CHF 50 per day for care provided by other people. This also includes relatives and persons living in the same household as the insured who can prove loss of earnings due to provision of 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 5,000 per calendar year will be paid towards the costs of care at home.

1.12 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 or during outpatient treatment if hospitalisation can be avoided.
- 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 750 per calendar year will be paid towards the costs of home help.

1.13 Spa treatments

The following maximum benefits are covered for spa therapy:

- CHF 100 (for spa therapy incl. KVG/HIA contribution) per day for max. 21 days per calendar year for inpatient spa therapy (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 130 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.

1.14 Travel and transport costs, rescue and search operations

In total, a maximum of CHF 20,000 will be paid per calendar year for:

- Cost of travel in connection with radiotherapy, chemotherapy or haemodialysis conducted outside the home. The costs paid (including travel by car) will not exceed the costs of public transport (1st 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.

1.15 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 according to 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.

1.16 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 two 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 treatment 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 two weeks before commencement.

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

2.2 Step-by-step no-claims bonus

General

If an insured person has no benefits paid out during a twelve-month observation period, Sanitas grants them a percentage discount on the premium for the following calendar year.

The discount applies to the gross premium. If an elective deductible has been agreed, the discount applies to the net premium (i.e. the premium after deduction of the discount for the chosen annual deductible).

An observation period runs from 1 September to 31 August of the following year. Benefits paid out during this observation period apply for the purposes of the no-claims bonus. Discounts are granted as per the date of the Sanitas claims settlement.

If insurance commences in the period from 1 January to 1 August, the first observation period runs from commencement of insurance until 31 August of the same year.

If insurance commences in the period from 1 September to 1 December, the first observation period runs from commencement of insurance until 31 August of the following year.

The discount level is carried over on transfer to Corporate Hospital Top.

Premium discount and discount levels

An insured person starting in bracket 0 can achieve the maximum percentage discount of 24% in the ninth calendar year at the earliest.

Discount levels	Calendar-year	Discount	Premiums in % of the gross premium
0	1	0	100
1	2	3	97
2	3	6	94
3	4	9	91
4	5	12	88
5	6	15	85
6	7	18	82
7	8	21	79
8	9	24	76
9	10	24	76
10	11	24	76
11	12	24	76
11	13 + and so on	24	76

Persons taking out a new insurance plan with the Step-by-step no-claims bonus may be granted a discount level higher than 0.

Reduction in the event of a claim

If benefits are drawn during the observation period, the premium discount for the following year will be reduced by 4 discount levels. Reductions can be made until bracket 0 has been reached.

If benefits in excess of CHF 20,000 are drawn in the observation period, the premium discount for the next calendar year will be reduced to level 0 regardless of the discount level granted.

2.3 Choice of deductible

Any chosen annual deductible will be applied to all benefits in a calendar year.

If insurance commences on 1 January up to and including 1 June, the full annual deductible will be applied; if insurance commences on 1 July up to and including 1 December, half the annual deductible will be applied.

If a treatment continues for more than ten days beyond the end of the year, the annual deductible must be paid again for the new year.