



Supplementary insurance

Special terms and conditions (STC)
hospita

2022 edition

Special terms and conditions (STC) hospita under the Federal Insurance Contract Act (ICA)

2022 edition

Contents

1	Basic information about the insurance	Page 3	4	Special benefits	Page 5
1.1	Purpose	Page 3	4.1	Home care	Page 5
1.2	Insurance provider	Page 3	4.1.1	Basic principle	
1.3	General terms and conditions of insurance (GTC)	Page 3	4.1.2	Scope of benefits	
1.4	Conclusion of the insurance contract	Page 3	4.1.3	Service providers	
1.5	Conditions of benefits	Page 3	4.2	Transport costs, rescue and recovery operations in emergencies	Page 5
1.5.1	General		4.3	Rooming-in	Page 5
1.5.2	Recognised service providers		4.4	Childcare service	Page 6
1.5.3	List of exemptions		4.4.1	Principle	
1.5.4	Maximum tariff list – partial coverage of costs by the insurer		4.4.2	Conditions of benefits	
1.5.5	Negative list – no coverage of costs by insurer		4.4.3	Scope of benefits	
1.5.6	Accessing the lists		4.5	Medical treatment following an accident (hospita private accident insurance)	Page 6
1.6	Accident cover	Page 3	4.5.1	Private consultation with hospital-based medical staff and medical staff who are not under a KVG contract	
1.7	Insurance options	Page 3	4.5.2	Emergency medical treatment abroad	
1.7.1	Benefit levels				
2	Inpatient treatment	Page 4	5	Maternity	Page 6
2.1	Acute medical treatment	Page 4	5.1	Costs associated with inpatient treatment	Page 6
2.1.1	Conditions of benefits		5.2	Birth at a maternity clinic	Page 6
2.1.2	Scope of benefits		5.2.1	Inpatient birth	
2.1.3	Treatment in a higher category hospital ward		5.2.2	Outpatient birth	
2.2	Inpatient rehabilitation	Page 4	5.3	Home care following childbirth	Page 6
2.3	Psychiatric clinics	Page 4	5.3.1	Principle	
2.4	Benefits while abroad	Page 4	5.3.2	Birth in hospital	
2.4.1	In emergencies		5.3.3	Home birth	
2.4.2	Elective treatment abroad		5.4	hospita private accident	Page 6
2.4.3	Insured person's obligations prior to hospitalisation				
3	Spa treatment	Page 5	6	Accident supplement	Page 6
3.1	Rest and recuperation therapy	Page 5	7	hospita insurance options that include a no-claims discount (NCD)	Page 6
3.2	Spa treatments	Page 5	7.1	Principle	Page 6
3.3	Other therapies	Page 5	7.2	Monitoring period	Page 6
3.4	Procedure for admittance to a spa	Page 5	7.3	Discount levels	Page 7
			7.4	Modification of NCD discount levels	Page 7
			7.5	Level adjustment when insurance benefits are claimed	Page 7
			7.6	Maternity benefits	Page 7
			7.7	Supplementary insurance	Page 7
			8	hospita flex cost share	Page 7
			8.1	Scope of cost sharing	Page 7
			9	Age groups	Page 7

hospita

1 Basic information about the insurance

1.1 Purpose

hospita insurance is designed to cover otherwise uninsured costs associated with treatment in an acute care hospital in the event of an accident, illness or maternity. It also pays contributions towards spa treatments, nursing and care at home (Spitex) and transport costs.

hospita benefits supplement the statutory benefits provided by compulsory health insurance as defined in the Federal Health Insurance Act, or 'KVG' (hereinafter referred to as basic insurance). This insurance covers no more than the portion of the total costs that is not already covered by basic insurance or other compulsory health insurance.

1.2 Insurance provider

The insurance provider is Sympany Versicherungen AG, Basel (hereinafter referred to as the insurer).

1.3 General terms and conditions of insurance (GTC)

The Sympany Versicherungen AG General terms and conditions of insurance are an integral part of the Special terms and conditions of hospita cover. In the event of conflicting provisions, the Special terms and conditions of hospita cover take precedence over the General terms and conditions of insurance.

1.4 Conclusion of the insurance contract

hospita cover can be taken out by eligible persons of up to 60 years of age. hospita private accident cover can only be taken out or managed in conjunction with one of the following insurance categories:

- plus, plus natura, premium, premium natura,
- general supplement, private supplement,
- other hospita insurance options. Excludes: hospita private, hospita global

1.5 Conditions of benefits

1.5.1 General

Benefits shall only be provided if the treatment is necessary for medical reasons and is performed by a recognised service provider.

1.5.2 Recognised service providers

The following institutions are deemed to be recognised by the insurer if they fulfil each of the following points:

- Swiss acute care hospitals, rehabilitation clinics or psychiatric clinics that feature on the cantonal hospital list in the insured person's local canton or canton of residence and have obtained a valid license to perform the intended treatment (listed hospital) or have concluded a contract with the insurer in accordance with Art. 49a (4) KVG (contracted hospital),
- or those that have a valid collective agreement (i.e. a recognised tariff) with the insurer at the beginning of the period of inpatient treatment and which they, the attending doctors and non-resident doctors (or groups of non-resident doctors) use as the basis for cost calculations.

1.5.3 List of exemptions

The insurer may fully cover the costs associated with certain institutions or non-resident doctors/groups of non-resident doctors not considered to be recognised service providers

within the meaning of Art. 1.5.2. These institutions and non-resident doctors/groups of nonresident doctors shall be specified by the insurer in the list of exemptions. The list of exemptions is updated on an ongoing basis and can be accessed through the insurer at any time. The version of the list of exemptions valid at the start of inpatient treatment is always authoritative.

1.5.4 Maximum tariff list – partial coverage of costs by the insurer

The insurer shall define, in advance and by means of a maximum tariff, the costs that will be covered in the event of treatment by certain institutions and non-resident doctors/groups of non-resident doctors not considered to be recognised service providers within the meaning of Art. 1.5.2. The insurer shall specify these institutions in the maximum tariff list. The maximum tariff shall be defined, viably and clearly, based on the model for evaluating additional benefits. The evaluation model shall take medical and clinical benefits into account, as well as hospitality and comfort-based benefits based on standard market rates. The maximum tariff list is updated on an ongoing basis and can be accessed through the insurer at any time. The version of the maximum tariff list valid at the start of inpatient treatment is always authoritative.

1.5.5 Negative list – no coverage of costs by insurer

The insurer shall maintain a negative list of unrecognised institutions and non-resident doctors/groups of non-resident doctors that do not satisfy the requirements stipulated in Art. 1.5.2 and whose costs the insurer is not liable to cover. The negative list is updated on an ongoing basis and can be accessed through the insurer at any time. The version of the negative list valid at the start of inpatient treatment is always authoritative.

1.5.6 Accessing the lists

The lists are updated on an ongoing basis and can be accessed via the insurer's website, or requested from the insurer, in their current valid form.

1.6 Accident cover

Accident cover may be excluded from hospita insurance (with the exception of hospita private accident). hospita private accident cover is designed to cover the otherwise uninsured costs of treatment on a private ward in an acute care hospital in the event of an accident.

1.7 Insurance options

1.7.1 Benefit levels

The following benefit levels are provided as part of hospita insurance:

hospita general: treatment on a general ward in an acute care hospital with a recognised tariff anywhere in Switzerland (shared room).

hospita semi-private: treatment on a semi-private ward in an acute care hospital with a recognised tariff anywhere in Switzerland (two-bed room).

hospita private: treatment on a private ward in an acute care hospital with a recognised tariff anywhere in Switzerland (single-bed room).

hospita private accident:

- emergency care in the event of an accident: treatment on a private ward in an acute care hospital anywhere in the world

- Treatment of injuries following an accident: treatment on a private ward in an acute care hospital with a recognised tariff anywhere in Switzerland in the event of an accident

hospita global:

- treatment on a private ward in an acute care hospital with a recognised tariff anywhere in Switzerland (single-bed room).
- treatment on a private ward in an acute care hospital anywhere in the world (single-bed room).

hospita flex: treatment on a general, semi-private or private ward in an acute care hospital with a recognised tariff anywhere in Switzerland (hospital of your choice); includes a corresponding cost share.

hospita comfort: acute medical treatment and care in a comfort contracted hospital in accordance with Art. 1.5.2; analogous to **hospita general** (general ward). Coverage of accommodation costs in single or twin rooms, depending on the insurance cover. Access to the **hospita comfort** benefit level may be restricted to insured persons resident in specific regions. The insurer shall maintain a list of comfort contracted hospitals. The version of the comfort contracted hospital list valid at the start of inpatient treatment is always authoritative. See also Art. 1.5.6 Accessing the lists.

2 Inpatient treatment

2.1 Acute medical treatment

2.1.1 Conditions of benefits

hospita insurance provides inpatient benefits insofar and as long as the insured person requires hospitalisation within the meaning of basic insurance.

2.1.2 Scope of benefits

hospita insurance covers the costs associated with hospitalisation on a ward in the category stipulated in the insurance policy and in line with the chosen benefit level as per Art. 1.7.1, where those costs exceed the benefits provided under basic insurance.

This does not include coverage of the costs due as part of the cost share under basic insurance, including the daily contribution to the cost of the hospital stay.

2.1.3 Treatment in a higher category hospital ward

If treatment is provided in a ward of a higher category than the patient is insured for, the benefits shall be provided only to the following extent:

hospita general: the costs that would have been incurred in the ward category stipulated in the insurance policy. If these costs cannot be calculated, **hospita** will pay a daily contribution at a flat rate of:

CHF 30 per day

hospita semi-private: the costs that would have been incurred in the ward category stipulated in the insurance policy. If these costs cannot be calculated, **hospita** will pay a daily contribution at a flat rate of:

CHF 120 per day

hospita comfort: insured persons whose **hospita comfort** insurance covers hospitalisation in a two-bed room will receive benefits commensurate to their level of insurance cover if they stay in a single-bed room in a comfort contracted hospital.

Should an insured person with **hospita comfort** insurance be treated and accommodated on a semi-private or private ward of a comfort contracted hospital, he/she shall likewise receive benefits commensurate to his/her level of cover.

2.2 Inpatient rehabilitation

In the event that treatment takes place at a medical rehabilitation ward or clinic recognised by the insurer, **hospita** insurance covers the costs in full for the first 60 days of treatment in accordance with the provisions regarding acute treatment. Should the treatment continue after the aforementioned time, benefits are payable in accordance with the table below, taking into account the time spent in treatment thus far.

	Days 61 to 90	Days 91 to 180
hospita semi-private/flex	CHF 50	CHF 25
hospita private/private accident	CHF 70	CHF 35
hospita global	CHF 90	CHF 45

A list of recognised sanatoria or rehabilitation centres is compiled and can be accessed through the insurer at any time.

2.3 Psychiatric clinics

hospita insurance covers the full costs of inpatient treatment in a psychiatric clinic, psychiatric treatment in an acute care hospital or specialist clinic for 90 days, in accordance with the provisions on acute medical care. No benefits shall be paid through **hospita private accident** insurance.

If treatment lasts for longer than this, the following flatrate daily allowances are paid for treatment in the corresponding ward:

	From day 91 to day 180
hospita general/comfort	CHF 20
hospita semi-private/flex	CHF 50
hospita private	CHF 70
hospita global	CHF 90

These benefits are payable once within a period of three calendar years. If treatment takes place on a ward of a lower category than the patient is insured for, benefits shall be provided according to the provisions in the **hospita** insurance option relating to the ward actually used.

2.4 Benefits while abroad

2.4.1 In emergencies

hospita covers any costs that exceed the benefits provided by basic insurance for emergency inpatient treatment in an acute care hospital during a temporary trip abroad, up to the full cost of treatment on the category of ward stipulated in the insurance policy. These benefits shall be provided for as long as repatriation is not possible on medical grounds, but for no longer than one year.

2.4.2 Elective treatment abroad

hospita global benefits shall also be provided if the insured person travels abroad with the intention of receiving treatment there. For other benefit levels, the same benefits shall be provided as for treatment in a non-listed hospital.

2.4.3 Insured person's obligations prior to hospitalisation

Before any planned hospitalisation, the insured person must make sure that the institution in which he/she wishes to be treated is not on the current negative list, or ascertain whether the costs will only be covered in part as per the maximum tariff list.

3 Spa treatment

3.1 Rest and recuperation therapy

Insured persons may choose any of the doctor-led medical retreats recognised by the insurer. The list of recognised medical retreats is updated on an ongoing basis and may be accessed through the insurer at any time.

hospita pays the following benefits for medically prescribed rest and recuperation therapy following treatment in an acute care hospita, for a maximum of 21 days in each case:

hospita general/comfort	CHF 40/day
hospita semi-private/flex	CHF 70/day
hospita private/private accident	CHF 90/day
hospita global	CHF 110/day

3.2 Spa treatments

Insured persons may choose any of the doctor-led health spas recognised by the insurer. The list of recognised health spas is updated on an ongoing basis and may be accessed through the insurer at any time.

The contribution to the costs of spa treatment is paid irrespective of whether the insured person receiving treatment stays at the spa itself or in a hotel, guest house or private rooms at the spa location.

The insurer may request that the spa doctor perform an examination on admission, as well as a final check-up with a closing report to be submitted to the referring doctor.

hospita insurance pays the following benefits for a maximum of 21 days per calendar year:

hospita general/comfort	CHF 10/day
hospita semi-private/flex	CHF 20/day
hospita private/private accident	CHF 30/day
hospita global	CHF 40/day

3.3 Other therapies

In the case of specific medical indications for other prescribed therapies, the insurer may, at the request of the medical consultant, pay a lump-sum benefit not exceeding the contribution towards the spa treatment.

3.4 Procedure for admittance to a spa

The medical prescription for a course of spa treatment, as well as the diagnosis, must be submitted to the insurer two weeks prior to the start of treatment.

If a course of treatment is interrupted, the costs associated with the partial treatment may only be covered if the interruption was due to an illness or other compelling reasons, and upon provision of a certificate to that effect by the spa doctor.

4 Special benefits

4.1 Home care

4.1.1 Basic principle

If a hospital stay can be avoided or its duration reduced, hospita shall, upon provision of a prescription, pay contributions towards the costs of home help insofar as it is required for health reasons or due to domestic and family circumstances.

4.1.2 Scope of benefits

hospita provides one benefit payment towards the costs of recognised home help services per calendar year. Benefits are

also provided should no contractual relationship exist between the home help service provider and the insurer.

Benefits are provided as follows:

hospita general/comfort	up to CHF 20/day, max. CHF 280
hospita semi-private/flex	up to CHF 35/day, max. CHF 490
hospita private/private accident	up to CHF 45/day, max. CHF 630
hospita global	up to CHF 55/day, max. CHF 770

Benefits are doubled if the insured person is responsible for caring for at least one child.

No benefits are provided in the event of a stay in a care home.

4.1.3 Service providers

Anyone who cares for the insured person's household on their behalf and in a professional capacity, either on his/her own account or as a representative of a Spitex service provider recognised by the insurer, is recognised as a home care provider.

Contributions are also paid for members of the insured person's family who provide home care and consequently suffer a demonstrable loss of income or can provide evidence of corresponding travel expenses.

Home care benefits may be replaced by an equivalent contribution towards home care services provided by commercial Spitex providers if the latter are not remunerated under basic insurance.

4.2 Transport costs, rescue and recovery operations in emergencies

hospita insurance pays the following contributions towards the costs of:

- medically necessary emergency transport to the nearest suitable hospital via an appropriate means of transport,
- return transport to a suitable hospital in the insured person's canton of residence for inpatient treatment,
- rescue and recovery operations

100% of the costs

Transport by aircraft is only covered if it is medically or technically unavoidable.

4.3 Rooming-in

If a child requires inpatient treatment, hospita either covers a portion of the costs associated with accommodating one of the parents in the same room as the child through the child's insurance cover or covers a portion of the costs for accommodation for the parent out-side of the hospital. This cover is valid for children up to the age of twelve.

Up to CHF 100 per day

a parent requires inpatient treatment, hospita covers a portion of the costs of accommodating the child in the same room as the parent through the parent's insurance cover. This cover is valid for children up to the age of twelve.

Up to CHF 100 per day

In the event of an inpatient birth, hospita covers a portion of the costs associated with accommodating the accompanying parent in a family room through the mother's insurance cover.

Up to CHF 100 per day

4.4 Childcare service

4.4.1 Principle

For children aged up to twelve, the child's hospita insurance pays contributions towards the provision of care and support services by an institution recognised by the insurer. This only applies if the insurer has a contract with the institution in question.

4.4.2 Conditions of benefits

Benefits are provided if the recognised caregiving institution is of the opinion that the child requires care following an acute illness or accident. Benefits are only provided towards the costs of nursing and care provided by qualified specialist staff. Children are entitled to these benefits provided that their legal guardian(s) are gainfully employed during the period when care is required.

4.4.3 Scope of benefits

hospita provides the following contributions towards the costs of nursing and care for an insured child:

Up to CHF 30 per hour, max. CHF 600 per calendar year

4.5 Medical treatment following an accident (hospita private accident insurance)

4.5.1 Private consultation with hospital-based medical staff and medical staff who are not under a KVG contract

If the insured person is not covered by premium or private supplement insurance, hospita private accident insurance pays contributions towards the costs associated with private outpatient consultations with senior university hospital doctors, as well as treatment by doctors who are not under a KVG contract, in accordance with the recognised KVG tariff.

4.5.2 Emergency medical treatment abroad

In cases where emergency medical treatment is required abroad and the insured person is not covered by premium or private supplement insurance, hospita private accident insurance covers the full portion of the costs that exceed the benefits provided under basic insurance.

5 Maternity

5.1 Costs associated with inpatient treatment

hospita insurance covers the otherwise uninsured costs for both the mother and newborn child, in line with the level of cover provided under the mother's insurance, following birth in a hospital or maternity clinic.

If the newborn child is not insured through the insurer, the mother's hospita insurance shall cover the otherwise uninsured costs that exceed the benefits provided through any other insurance covering the child.

If the mother is not insured through the insurer, the newborn child's hospita insurance covers the otherwise uninsured costs (relating to the child) that exceed the benefits provided in the mother's insurance policy.

5.2 Birth at a maternity clinic

5.2.1 Inpatient birth

The following benefits are provided if the birth takes place at a maternity clinic that is recognised by the insurer but is not included in the cantonal list of hospitals:

hospita general/comfort	90%, up to CHF 1,000 per birth
hospita semi-private/flex	90%, up to CHF 2,000 per birth
hospita private/global	costs covered in full

For persons insured under hospita flex, the additional cost contribution stipulated in the hospita flex terms and conditions of insurance do not apply.

5.2.2 Outpatient birth

In the event of an outpatient birth in a maternity clinic recognised by the insurer, the supplementary benefits not covered by basic insurance will be provided in line with Art. 5.2.1.

5.3 Home care following childbirth

5.3.1 Principle

hospita pays contributions towards the costs associated with medically prescribed home care by staff recognised by the insurer. These contributions are paid in place of the usual hospita Spitex benefits.

Contributions are also paid when members of the insured person's family provide home care and consequently suffer a demonstrable loss of income.

5.3.2 Birth in hospital

Benefits are paid at the following rates after a birth in hospital:

hospita general/comfort	up to CHF 40/day, up to CHF 560
hospita semi-private/flex	up to CHF 70/day, up to CHF 980
hospita private	up to CHF 90/day, up to CHF 1,260
hospita global	up to CHF 110/day, up to CHF 1,540

5.3.3 Home birth

Benefits are paid at the following rates after giving birth at home or following an outpatient birth:

hospita general/comfort	up to CHF 60/day, up to CHF 840
hospita semi-private/flex	up to CHF 105/day, up to CHF 1,470
hospita private	up to CHF 135/day, up to CHF 1,890
hospita global	up to CHF 165/day, up to CHF 2,310

5.4 hospita private accident

hospita private accident insurance provides no maternity-related benefits (except for the provision on rooming-in; see Art. 4.3).

6 Accident supplement

If an insured person is admitted to hospital as an inpatient following an accident, the aids required for subsequent treatment will be covered in line with the protocol for compulsory accident insurance.

Equally, the costs for aids used to replace a body part or bodily function will be covered, provided that the damage was caused by an accident that required inpatient hospital treatment.

7 hospita insurance options that include a no-claims discount (NCD)

7.1 Principle

In models that include a no-claims discount, a premium discount is applied in the case that no insurance claims are made.

7.2 Monitoring period

The monitoring period begins on 1 September or at the start of the period of insurance cover and ends on 31 August of the

following year. Whether a benefit falls within the monitoring period depends on the date on which the corresponding invoice is processed.

7.3 Discount levels

The following discount levels or premiums apply to hospita insurance that includes a no claims discount:

Discount level hospita NCD	Premium under hospita no-claims discount
0	Standard hospita premium +20%
1	Standard hospita premium
2	Standard hospita premium -30%

The premium for hospita no-claims discount cover is stated in the policy document. The insurer may introduce new discount levels, and/or adjust discounts in line with inflation, at the beginning of a new insurance period.

7.4 Modification of NCD discount levels

If the insured person has not claimed insurance benefits during three successive monitoring periods at the same discount level, the premium discount for his/her hospita no claims discount cover shall move up one level as of 1 January of the fourth year of cover, unless he/she has already reached the maximum discount level.

7.5 Level adjustment when insurance benefits are claimed

If the insured person claims insurance benefits during a monitoring period, his/her discount level shall move down one level, as of 1 January of the following year (unless he/she has already reached discount level 0).

7.6 Maternity benefits

The costs of inpatient treatment associated with maternity and post-natal home help are not factored in when the discount is calculated; these costs are not regarded as benefits and consequently have no impact on the discount level.

7.7 Supplementary insurance

Insured persons must provide a declaration of health in order to switch from a hospita no claims discount policy to standard hospita cover. This requirement does not apply to insured persons whose level of cover includes the maximum discount and who have not claimed any insurance benefits during the current monitoring period.

8 hospita flex cost share

8.1 Scope of cost sharing

hospita flex allows the insured person to choose their own ward before being admitted to hospital. The choice of ward simultaneously determines the cost share.

In the event of hospital care, hospita flex benefits are subject to the following cost share per calendar year, depending on the ward chosen:

Ward	Three options for paying cost contributions towards hospita flex benefits		
	Option 1	Option 2	Option 3
General ward	none	none	none
Semi-private ward	25% up to max. CHF 3 000 per calendar year	15% up to max. CHF 1 500 per calendar year	none
Private ward	No costs covered by Sympany	25% up to max. CHF 4 500 per calendar year	20% up to max. CHF 3 000 per calendar year
Maximum cost share for families*	CHF 3 000 per calendar year	CHF 4 500 per calendar year	CHF 3 000 per calendar year

This cost share also applies to maternity.

The cost share does not apply if hospita provides a benefit in a lump sum, in accordance with the conditions of insurance in this document. This does not apply to insured hospita benefits provided abroad; these shall be subject to a corresponding cost share arrangement.

The cost share may be adjusted for inflation.

The statutory basic insurance cost share is charged additionally.

* If two or more people living in the same household (family policy) are insured under hospita flex, policyholders may apply for a refund of cost contributions which exceed the maximum amount. Where the persons covered by a family policy are insured under different variants of flex, with different cost share arrangements, the maximum cost contribution of CHF 4 500 applies.

9 Age groups

Age-based rates apply to this insurance category. This means that premiums in this insurance category tend to rise as the insured person progresses to each subsequent higher age group:

hospita general (years of age)					
0 – 18	26 – 30	36 – 40	46 – 50	56 – 60	71 – 80
19 – 25	31 – 35	41 – 45	51 – 55	61 – 70	81+

hospita semi-private, hospita private, hospita private accident, hospita global, hospita flex, hospita comfort (years of age)						
0 – 18	26 – 30	36 – 40	46 – 50	56 – 60	66 – 70	76 – 80
19 – 25	31 – 35	41 – 45	51 – 55	61 – 65	71 – 75	81+

