



# Supplementary insurance Special terms and conditions (BB) dental

2018 edition

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## 1 Insurance fundamentals

### 1.1 Purpose

dental pays contributions to the costs of dental treatment. It also encourages preventive measures.

### 1.2 Insurance provider

The insurance provider is Sympany Insurances Ltd, Basel (henceforth referred to as the insurer).

### 1.3 Common provisions

The Common provisions of Sympany Insurances Ltd are an integral component of the dental provisions. In the event of any conflict, the dental provisions take precedence over the common provisions.

### 1.4 Conclusion of the policy

dental may be taken out up to the age of 60. The insurance can only be held or concluded together with at least one of the following insurance departments:

- basic, plus, premium, general supplement, private supplement, hospita, salto.

Conditions existing at inception such as damaged or missing teeth, poor tooth positions, jaw anomalies, etc. are not covered.

The insured person must have had his last dental check-up or treatment no more than one year before inception.

Newborn and newly affiliated children for whom plus, premium, general supplement or private supplement cover has also been arranged with the insurer enjoy unlimited cover under dental piccolo until their 15<sup>th</sup> birthday.

### 1.5 Benefit conditions

Diagnostic and therapeutic measures that are dentally necessary and scientifically recognized are covered, provided that the treatment is also economical.

Reimbursement is based on the SSO tariff for dentists with the social insurance charge point (based on the KVG, UVG, MVG and IVG). The term "dentist" denotes a practitioner who has acquired the appropriate Swiss federal or equivalent diploma or who has been granted authorization to pursue the profession by the canton on the basis of evidence of scientific qualifications.

dental provides its benefits on a subsidiary basis, i.e. after or in addition to statutory health care or accident insurance and to benefits provided by the cantons and local authorities. If cover by other insurance companies exists, benefits are paid pro rata.

### 1.6 Treatment abroad

Treatment abroad is covered, provided that the medical personnel concerned have undergone training equivalent to that of their counterparts in Switzerland and the costs do not exceed Swiss costs.

## 2 Insurance possibilities

The following insurance possibilities exist:

- dental piccolo up to the age of 15,
- dental.

### 2.1 dental piccolo

#### 2.1.1 Benefits

For children and young people up to the age of 15, the following sum is payable towards the costs of an examination (including X-ray) if no dental treatment (conservative, prosthetic, etc.) is required at the same time:

Up to CHF 50.- per calendar year

#### 2.1.2 Automatic transfer

The insured person is automatically transferred from dental piccolo to dental a on reaching his 15<sup>th</sup> birthday, the transfer taking effect from the beginning of the following year with no limitation of benefits. However, he has a right of withdrawal within three months of being notified of the transfer.

### 2.2 dental

#### 2.2.1 Benefit variants

| Variant  | maximum benefit claim per calendar year | Exempt sum           |
|----------|---|----------------------|
| dental a | 75%, max. CHF 1 000.-                   | Exempt sum CHF 500.- |
| dental b | 50%, max. CHF 500.-                     |                      |
| dental c | 50%, max. CHF 1 000.-                   |                      |
| dental d | 75%, max. CHF 1 000.-                   |                      |
| dental e | 75%, max. CHF 1 500.-                   |                      |
| dental f | 75%, max. CHF 3 000.-                   |                      |
| dental g | 75%, max. CHF 5 000.-                   | Exempt sum CHF 500.- |
| dental h | 75%, max. CHF 5 000.-                   |                      |

Where a variant involves an exempt sum, the insurer may reduce it for children up to the age of 15.

Where the variant involves a deductible, this is charged as a fixed sum per calendar year. The maximum benefit claim per calendar year is calculated on the residual amount over and above the deductible.

#### 2.2.2 Preventive dentistry and check-ups

If no dental treatment (conservative, prosthetic, etc.) has been provided during the treatment period, dental contributes to the costs of a check-up, including an X-ray examination and preventive treatment, as follows:

Up to CHF 100.- per calendar year

The cost share under the selected benefit variant does not apply.

#### 2.2.3 Benefits/treatment period

Within the framework of the chosen benefit class, insurance covers all the costs of dental treatment including laboratory costs. No benefits are paid for dental-care products.

Sums insured are paid out once in the calendar year.

#### 2.2.4 Waiting period

Entitlement to dental benefits begins:

- after a waiting period of 12 months for prosthetic care (e.g. crowns, bridges, prostheses, pivot teeth, built-up teeth and apparatus to correct incorrect tooth and jaw positions,

- including temporary measures, repairs and the associated dental treatment and check-ups),
- after a waiting period of 6 months for all other treatment.

The waiting period also applies to any increases in cover. Benefits for preventive treatment and check-ups are not subject to any waiting period.

#### **2.2.5 Submitting claims**

To lodge a claim, the insured person must present the detailed original invoice to the health fund immediately (within a maximum of 30 days of the invoice date). The invoice must show the duration of treatment and the individual services performed according to the dental charge scale.