



# Supplementary insurance Special terms and conditions (BB) salto 2018 edition

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## 1 Insurance fundamentals

### 1.1 Purpose

salto meets the costs of outpatient and inpatient treatment and of emergencies in other countries that are otherwise not covered.

salto provides benefits for medical treatment elsewhere than at the place of residence or work, for vaccinations, remedial aids, wisdom teeth extractions, transport costs, search, rescue and recovery operations and for courses on health-promoting behaviour.

salto is also designed to meet otherwise uncovered costs for medical treatment in an intensive-care hospital in the event of illness, accident or maternity.

salto also makes contributions to the otherwise uncovered costs of emergency treatment abroad in the event of illness, accident and premature childbirth, and of services during holidays, business travel or periods spent abroad.

salto benefits are supplementary to those under all other insurance policies concluded with Sympany.

salto provides benefits in addition to compulsory health care insurance (**basic**). Of the total costs, the maximum share payable is the proportion not covered by social insurance (including basic with a different insurer).

### 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 salto provisions. In the event of any conflict, the salto provisions take precedence over the common provisions.

### 1.4 Insured persons

salto can be commenced at any time between the insured person's 18th and 31st birthdays.

### 1.5 Automatic transfer to the plus, hospita general and tourist insurance departments

salto expires on 31 December of the year in which the insured person celebrates his 32nd birthday. Transfer to the plus, hospita general and tourist departments takes place automatically on 1 January of the following year. No new health declaration is required for this automatic transfer. Any existing restrictions of insurance cover in accordance with the common provisions, however, will remain in effect.

### 1.6 Early transfer to the plus, hospita general and tourist insurance departments

Insured persons can transfer early to the plus, hospita general and tourist insurance departments without a new health declaration with effect from 1 January of any year. Insured persons are also entitled to transfer to mondial insurance. This need not take place on 1 January.

A transfer or switch in the event of pregnancy is also possible at any point in the year. Existing cover restrictions in accordance with the common provisions remain in effect.

## 1.7 Benefit conditions

### 1.7.1 General

Benefits are only payable if the treatment is medically indicated and if it is administered by persons who are recognized accordingly by the health fund. Information about whether persons are recognized must be obtained from the health fund.

Benefits for inpatient treatment are payable only for as long as the insured person requires hospitalization within the meaning of basic and receives treatment in an intensive-care hospital. The treatment must be performed by service providers recognized under the Federal Health Insurance Act (KVG).

### 1.7.2 Intensive-care hospitals

An intensive-care hospital is a medical institution that provides medical and nursing care, equipped with the necessary technical infrastructure to treat patients in need of constant medical observation for reasons of illness, accident or childbirth.

### 1.7.3 Hospital list

Additionally, hospital treatment must take place in hospitals that appear on the approved list of the canton of location or canton of residence in accordance with Art. 39 KVG. Reduced benefits are payable for treatment in other hospitals.

### 1.7.4 Treatment outside the canton for medical reasons

In accordance with statutory provisions (Art. 41/3 KVG), the canton of residence meets the additional costs of medically indicated hospitalization outside the canton.

### 1.7.5 Hospitals with a recognized charge scale

Hospitals under contract are those with which the insurer has agreed defined charge scales. The health fund has a list of hospitals under contract, which is available for inspection at any time.

### 1.7.6 Absent criteria, maximum charges

If a hospital has no ward-classification criteria or applies criteria that differ from those set out in these provisions, its wards are treated as private for insurance purposes. In this event the insurer can set maximum charges for the general ward based on those of a comparable hospital with a recognized charge scale, located in the region where the insured person lives.

Any maximum rates set by the insurer can be inspected at the health fund's offices.

## 2 Outpatient treatment

### 2.1 Medical treatment other than where the patient lives and works

In addition to the benefits provided by basic, treatment by KVG health fund doctors other than at the place of residence or work of the insured person is fully covered as per the KVG charge scale applicable at the place of treatment.

## 2.2 Emergency medical treatment abroad

salto meets the costs of emergency medical treatment abroad that are not covered by basic.

## 2.3 Duration of benefits

Subject to any provision to the contrary in the salto insurance provisions, benefits are not limited in time.

### 3 Inpatient treatment

#### 3.1 Intensive care

##### 3.1.1 Benefit coverage

salto covers the costs of a general ward (multiple occupancy) in an intensive-care hospital with a recognized charge scale anywhere in Switzerland that are not met by basic.

The cost share payable under basic, including the daily contribution to the costs of hospital accommodation, is not covered.

##### 3.1.2 Treatment in a higher class of hospital ward

If treatment takes place in a higher class of hospital ward than is covered by insurance, cover is limited to the costs that would have been incurred in the insured ward. If these costs cannot be determined, salto pays a flat rate

CHF 30.– per day

##### 3.1.3 Treatment in an unlisted hospital

If the treatment is given in a hospital which does not appear on a cantonal hospital list, a maximum flat rate of CHF 30.– per day is payable.

CHF 30.– per day

#### 3.2 Inpatient rehabilitation

If medical treatment is provided in a multipurpose sanatorium recognized by the insurer or in a medical rehabilitation ward or clinic, salto meets the full costs for the first 60 days in accordance with the provisions on intensive care.

A list of recognized sanatoriums and rehabilitation institutions can be inspected at the health fund's offices at any time.

#### 3.3 Psychiatric clinics

In accordance with the provisions on intensive care, salto pays the full costs of inpatient treatment in a psychiatric clinic and psychiatric treatment in an intensive-care hospital or special clinic for a period of 90 days.

These benefits are payable only once within a period of three calendar years.

#### 3.4 Benefits abroad in emergencies

salto meets the costs of emergency inpatient treatment in the general ward of an intensive-care hospital during temporary residence abroad that are not covered by basic benefits. If the costs incurred are higher, salto pays additional benefits under Assistance.

Benefits are paid for as long as repatriation is not medically possible, subject to a maximum of one year. Persons undergoing inpatient hospital treatment must apply to the health fund for reimbursement immediately (within no more than 10 days of admission).

### 4 Maternity

#### 4.1 Costs of inpatient treatment

salto meets the mother's costs for a hospital birth in a general ward anywhere in Switzerland to the extent that these are not covered by basic.

If the child has no insurance of its own, the mother's salto insurance pays the costs for the child in a general ward anywhere in Switzerland that are not otherwise covered.

#### 4.2 Birth in a maternity clinic

salto pays the following benefits per birth in a maternity clinic recognized by the health fund but not appearing on a cantonal hospital list:

90%, to a maximum of CHF 1 000.–

### 5 Assistance abroad

#### 5.1 Additional Assistance benefits

For up to 100 days' travel per calendar year, Assistance contributes as follows to the otherwise uncovered costs of inpatient treatment, family visits and special return trips, transportation and rescue operations:

Up to CHF 50 000.–

Cost shares and excesses are not covered.

#### 5.2 Family visits and special return trips

If an insured person falls seriously ill or suffers a serious accident abroad and has to be hospitalized for more than 7 days, the insurer organizes and pays for a visit to his bedside by a person close to him (1st-class rail travel or economy class air travel).

If an insured person must be repatriated for urgent medical reasons for treatment as an inpatient in a suitable hospital in his canton of residence, the 24-hour emergency helpline organizes a special return journey for family members travelling with him or for a person close to him. The additional costs incurred are covered.

If an insured person falls ill or suffers an accident and cannot set out on the planned return journey because he is in hospital, the 24-hour emergency helpline organizes a special return journey for the insured person, family members travelling with him or a person close to him. The additional costs incurred are covered.

#### 5.3 Advance towards hospital costs

If an insured person requires hospitalization abroad, the insurer makes the following advance contribution to his hospital costs if necessary:

Up to CHF 20 000.–

If part of this advance payment is not covered by the insured person's existing insurance, it is charged to him. The sum reclaimed must be repaid within 30 days.

#### 5.4 Notifying persons at home

Where measures are organized by the 24-hour emergency helpline, the insured person's family members are notified of what has happened and what action has been taken.

## 5.5 Arranging hospitals and medical contacts abroad

If necessary, the 24-hour emergency helpline arranges for the insured person to visit a doctor or a hospital in the vicinity of where he is staying. In the event of communication problems, the 24-hour emergency helpline provides interpretation facilities.

## 5.6 Medical advice from doctors

If an insured person requires medical assistance while traveling and this cannot be provided where he is staying, the doctors at the 24-hour emergency helpline provide medical advice.

This advice is just that: advice. It may not under any circumstances be regarded as a diagnosis.

## 5.7 Benefit exclusions

In addition to the benefit restrictions of the Sympany Insurances Ltd Common provisions, no entitlement to insurance benefits exists:

- for illnesses and the consequences of accidents that already existed when the journey began, or that the insured person knew were imminent and would require medical treatment,
- if the insured person travels abroad for the specific purpose of treatment, care or childbirth,
- if the 24-hour emergency helpline has not given its permission in advance for search operations, repatriation, family visits or special return travel.

The insurer cannot be expected to arrange emergency transportation or repatriation if these are rendered impossible by extraneous circumstances such as strike, riot, acts of violence, major industrial accidents, radioactivity, natural disasters, epidemic illnesses or force majeure.

## 5.8 Obligations in the event of a claim

### 5.8.1 Notification of the 24-hour emergency helpline

The 24-hour emergency helpline must always be notified without delay of sudden illness, accident or premature birth necessitating hospital treatment or assistance in Switzerland or abroad.

### 5.8.2 Exemption from the confidentiality obligation

The insured person releases the doctors and other medical personnel treating him, as well as the insurers, from their obligation of secrecy vis-à-vis the 24-hour emergency helpline and/or the insurer.

### 5.8.3 Notification of claim

The insured person must notify the health fund of his claim immediately, providing all the relevant information together with full medical and administrative particulars. Only detailed, legible original bills will be accepted. If the details on the bill are insufficient and the requested supplementary information is not forthcoming, benefits are fixed at the discretion of the insurer.

### 5.8.4 Unused rail or air tickets

The claimant must forward unused rail or air tickets to the health fund without being called upon to do so. If unused tickets have been sold or their value refunded by third parties, insurance benefits are reduced by the compensation received. If the claimant fails to meet this obligation, the insurer may require him to refund an amount determined at the insurer's discretion or reduce his claim for benefits by such an amount.

## 6 Accident supplement

Following an accident-related hospital stay, remedial aids needed for subsequent treatment are covered as per compulsory accident-insurance practice.

The costs of remedial aids are covered to the same extent where those aids replace a part of the body or a body function if these were impaired in connection with an accident which necessitated hospital treatment.

An excess of 10% is payable by the insured person on these benefits.

## 7 Prevention

### 7.1 Vaccinations

The following contributions are payable per calendar year to the costs of vaccinations to prevent infection:

90% of actual costs, to a maximum of CHF 220.- per calendar year

No benefits are provided for vaccinations that are undertaken for occupational reasons, whose effect is medically disputed or that are still in the research stage.

### 7.2 Precautionary gynaecological examinations

The costs of one precautionary gynaecological examination per calendar year are insured at the KVG charge rate, provided that no such benefits are received in the same calendar year under KVG insurance. An excess of 10% applies to this benefit.

### 7.3 Getting fit

salto makes the following contribution to the documented costs of a course recognized by the health fund on forms of behaviour conducive to good health (e.g. giving up smoking, back training, dietary advice):

CHF 150.- per calendar year

The health fund designates recognized courses on forms of behaviour conducive to good health. The list of recognized courses, which undergoes constant adjustment and extension, can be inspected at the health fund's offices at any time.

### 7.4 Keeping fit

The following contributions are payable towards further recognized preventive measures such as sport, fitness and relaxation courses:

A total of CHF 200.- per calendar year

The health fund designates recognized institutions, preventive measures, cost contributions and benefit limits. The list of recognized institutions, preventive measures, cost contributions and benefit limits, which undergoes constant adjustment and extension, can be inspected at any time at the health fund's offices.

## 8 Remedial aids

### 8.1 Corrective lenses

The health fund makes the following contributions to the costs of spectacles or contact lenses required for visual correction:

CHF 420.- per 3 years

## 8.2 Other remedial aids

A contribution towards the costs of hiring or purchasing medically indicated remedial aids for which no benefits are available under basic is available on medical instructions as follows:

50%, up to a maximum of CHF 250.– per calendar year

The health fund designates recognized remedial aids.

The list of recognized aids, which undergoes constant adjustment and extension, can be inspected at the health fund's offices at any time.

Costs incurred for the operation, maintenance and repair of these remedial aids are not covered.

## 9 Dental care/wisdom teeth

### 9.1 General

The insurance covers the costs of extraction of wisdom teeth. If the treatment takes place as a hospital inpatient, the costs are covered up to the amount of the contractually fixed daily allowance in a general ward in the canton of residence. An excess of 10% is payable by the insured person on these benefits.

### 9.2 Service providers and charge scales

Benefits are reimbursed according to the scale applicable to dental benefits under compulsory health care insurance. If the dentist makes a higher charge than that stipulated in compulsory health care insurance, the difference is payable by the insured person.

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.

### 9.3 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.

## 10 Transport costs, search, rescue and recovery operations

### 10.1 Transport costs, rescue and recovery actions in emergencies

#### 10.1.1 Benefit coverage

The following overall contribution towards the costs of:

- medically necessary emergency transport to the nearest suitable hospital by an appropriate means of transport,
- return transportation to a suitable hospital in the canton in which the insured person resides for inpatient treatment,
- für search, rescue and recovery operations

is payable:

CHF 40 000.– per calendar year

If the costs incurred are higher, salto pays additional benefits under Assistance for transport costs and rescue operations.

Transportation by air is paid for only if it is essential for medical or technical reasons.

## 10.1.2 Excess

The insured person is liable for the following excess in respect of each claim:

CHF 100.–

## 10.1.3 Third-party benefits

Subject to any contractual provisions to the contrary if the insured person is a member (patron) of an air-rescue service or similar organization, benefits are limited to sums not provided by the organization(s) in question.

## 11 salto variant with a no-claims discount (NCD)

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### 11.1 Principle

In the variant with a no-claims discount, a premium discount is granted if no claims are made.

### 11.2 Observation period

The observation period begins on 1 September or at the start of insurance and ends on the subsequent 31 August. Whether a cost falls within the observation period depends on the date on which the invoice is processed.

### 11.3 Discount levels

The following bonus levels or premiums apply to the salto variant with a no-claims discount:

Discount level salto with a no-claims discount	Premium under salto no-claims discount
0	Normal salto premium +20%
1	Normal salto premium
2	Normal salto premium -30%

The premium for salto with a no-claims discount is stated in the policy document. The insurer may introduce new discount levels with effect from the beginning of a new insurance period, and also adjust discounts in the light of inflation.

### 11.4 NCD level adjustment

If the person insured under hospita with no-claims bonus has drawn no benefits for three successive observation periods at the same bonus level, the level for salto no-claims discount is raised by one level with effect from 1 January of the fourth year (unless he has already reached the maximum bonus level).

### 11.5 Level adjustment when benefits are drawn

If the insured person draws benefits during an observation period, the level is reduced by one with effect from 1 January of the following year (unless he has already reached bonus level 0).

### 11.6 Maternity benefits

The costs of hospital treatment for maternity do not count for calculation purposes; these costs are not regarded as benefits and therefore do not have any impact on the bonus level.

### 11.7 Complementary insurance

Switching from salto with a no-claims discount to standard salto cover requires a declaration of health, except for insured persons with a maximum discount who have drawn no benefits during the current observation period.