



Compulsory health insurance Special Terms and Conditions (STCI) calledmed 24

2018 version

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Special Terms and Conditions (STCI) calledmed 24

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calledmed 24 – insurance plan overview

calledmed 24 is an alternative insurance model to standard compulsory health insurance in accordance with the Federal Law on Sickness Insurance (KVG).

By taking out a calledmed 24 insurance policy, the policyholder agrees to consult the medical advice centre by telephone before receiving any medical treatment.

The centre is available to the policyholder 24 hours a day, 365 days a year. The specialists at the advice centre advise the policyholder on his medical concerns and recommend the next course of action in terms of treatment. Under the statutory provisions, the policyholder remains free to choose a service provider if the need arises.

1 Basic information about the insurance plan

The General Terms and Conditions of Insurance (GTCl) of the compulsory health insurance apply for any issues that are not specifically covered in these Special Terms and Conditions (STCl).

2 General benefit conditions

2.1 Contacting the advice centre

The policyholder telephones the advice centre regarding health problems before beginning any treatment. The centre advises the policyholder regarding his medical concerns and recommends the best course of treatment. The policyholder must follow the centre's recommendations.

2.2 Choosing a service provider

If medical treatment is advised during the consultation with the medical centre, the centre will agree a timeframe with the policyholder during which the treatment will take place with a service provider to be chosen by the policyholder.

This also applies to any necessary referrals to other service providers. If the agreed timeframe is insufficient for treatment to be completed, the policyholder will contact the medical advice centre again before the time limit expires.

3 Exceptions

3.1 Ophthalmologists, gynaecologists, paediatricians and dentists

The policyholder can undergo examinations and treatment by

- a ophthalmologists
- b gynaecologists
- c paediatricians
- d dentists

without telephoning the advice centre beforehand.

3.2 Emergencies

In an emergency, the policyholder must contact the medical advice centre if possible. If this is not possible, the policyholder can consult the local emergency service on duty or hospital.

4 Excluded benefits

4.1 Breaches of policy

If the policyholder repeatedly fails to consult the medical advice centre before receiving non-emergency treatment, Sympany will issue him a reminder of the behaviour conforming to the policy.

4.2 Refusal of benefits

If, in spite of the reminder, the policyholder continues to fail to contact the advice centre, Sympany can refuse to assume the costs.

5 Exclusion from the calledmed 24 model

If the policyholder continues to be in breach of the policy, Sympany is entitled to exclude the policyholder from the calledmed 24 insurance model and move him onto the standard compulsory health insurance plan.

6 Insurance plan changes originated by the policyholder

6.1 Changing to calledmed 24

Any policyholder can change from the standard compulsory health insurance plan to the calledmed 24 model as of 1 January of the following year.

6.2 Changing to standard compulsory health insurance

A policyholder can only change from the calledmed 24 model to the standard compulsory health insurance plan or another alternative insurance model as of 1 January of the following year.

7 Entry into force

These Special Terms and Conditions come into force on 1 January 2018 and replace all previous rules and conditions regarding the alternative insurance model calledmed 24.