Supplementary insurance

Special terms and conditions (STC)
general supplement and private supplement

2022 edition

sympany
fresh and different

Special terms and conditions (STC) general supplement and private supplement under the Federal Insurance Contract Act (ICA)

2022 edition

Contents

general supplement and private supplement

1 Insurance fundamentals

1.1 Purpose

The general supplement and private supplement provide benefits for out-patient medical treatment elsewhere than at the place of residence or work, for preventive measures, remedial aids, dental treatment, alternative treatment and healing methods, transport costs, search, rescue and recovery operations and elective drugs; a breastfeeding allowance is also payable.

In addition, private supplement insurance also covers costs not covered by the Federal Health Insurance Act (KVG) for treatment by doctors not subject to the KVG. It also makes contributions to alternative medical services abroad and travel costs.

The benefits will usually be provided subsequent to all other insurance departments in these General Terms and Conditions of Insurance (GTC).

The benefits of compulsory health care insurance (hereinafter basic insurance) take precedence over those provided under this insurance department.

1.2 Insurance provider

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

1.3 General Terms and Conditions of Insurance (GTC)

The General Terms and Conditions of Insurance of Sympany Versicherungen AG are an integral component of the provisions of general supplement or private supplement cover. In the event of conflicting provisions, the Special conditions of general supplement or private supplement insurance shall take precedence over the General Terms and Conditions of Insurance.

1.4 Insured persons

The general supplementis available to persons of any age. The private supplement is restricted to persons who have not yet reached their 60th birthday.

1.5 Right of transfer to similar insurance departments

Persons insured under a general supplement are entitled to transfer to plus natura or plus, and persons insured under private supplement are entitled to transfer to premium natura or premium. The transfer may be made on 1 January of the subsequent year.

1.6 Benefit conditions

Benefits shall only be paid if treatment is necessary on medical grounds and performed by persons recognized by the insurer. Information about which persons are recognized must be acquired from the insurer.

1.7 Benefits abroad

Benefits under the private supplement are also paid abroad, except when otherwise specified.

2 Medical treatment

2.1 Treatment elsewhere than at the place of residence or work

Treatment by KVG-covered doctors performed outside of the insured person's place of residence or work is fully covered subsequent to the benefits of the basic insurance as per the KVG tariff applicable at the place of treatment.

2.2 Treatment by doctors not under KVG contract

The private supplement provides benefits according to the KVG charge scale for treatment by medical practitioners who are not under KVG contract.

Reimbursement is available for a maximum of 50 hours of psychotherapeutic treatment.

2.3 Private consultations with hospital doctors who are not under KVG contract

The private supplement provides benefits on the recognized charge scale for outpatient consultations with senior university hospital doctors who are not under KVG contract.

A maximum of 50 hours psychotherapeutic treatment is paid for at the KVG charge scale under the private supplement.

2.4 Medical treatment abroad

2.4.1 Elective treatment

The private supplement covers the costs of medical treatment abroad up to a maximum of twice the KVG charge scale at the place of residence of the insured person. global insurance provides full cost cover at the normal local rate.

Reimbursement is available for a maximum of 50 hours of psychotherapeutic treatment.

2.4.2 Emergency treatment

In the case of emergency medical treatment abroad, full costs are covered under the general supplement and private supplement in addition to the benefits of the basic insurance.

2.5 Duration of benefits

Subject to any provision to the contrary in the terms and conditions for the general supplement and private supplement, benefits are not time limited.

3 Prevention

3.1 Vaccinations

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

90%, to a maximum of CHF 200

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.

3.2 Check-ups

If the basic insurance is provided by the Sympany Group, the following contribution is made to the disclosed costs of a check-up examination if no claims have been made for two consecutive calender years under the basic insurance:

general supplement	90% of costs, to a maximum of CHF 300
private supplement	90% of costs, to a maximum of CHF 600

3.3 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.

3.4 Maternity

3.4.1 Preparation for birth

The following maximum sum per pregnancy is paid towards the documented costs of an antenatal course with a qualified professional, including rehabilitation gymnastics:

CHF 200

3.4.2 Breastfeeding allowance

A breastfeeding allowance of

CHF 250

is payable. This allowance is paid if the insured mother breastfeeds her child for ten weeks, whether exclusively or not.

3.5 Getting fit

The following contribution is paid within two calendar years to the documented costs of a medically prescribed course to learn health-promoting behaviour (e.g. giving up smoking, back training, dietary advice) given by qualified personnel:

general supplement	90% of costs, to a maximum of CHF 300
private supplement	90% of costs, to a maximum of CHF 500

The insurer designates recognized courses on forms of behaviour conducive to good health. The list of recognized courses is amended or added to on an ongoing basis and can be referred to at any time via the insurer.

3.6 Stay fit

Contributions may be paid to further recognized preventive measures.

4 Remedial aids

4.1 Corrective lenses

The following contribution is made to the costs of vision-correcting glasses and contact lenses for insured persons aged 18 and over within five calendar years:

general supplement	CHF 270
private supplement	CHF 420

Children aged up to 18 will be paid the following annual contribution:

general supplement	CHF 270
private supplement	CHF 420

4.2 Other remedial aids

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

50% of costs, to a maximum of CHF 250 per calendar year

The insurer 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.

5 Dental treatment

5.1 Wisdom teeth

The insurance covers the costs of the removal 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.

5.2 Benefits for children and young people

The following benefit entitlement exists for children and young people up to the age of 25:

- 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:

CHF 60 per calendar year

- Towards the costs of orthodontic treatment as per the recognized charge scale:

general supplement	70% of costs, to a maximum of CHF 5,000
private supplement	70% of costs, to a maximum of CHF 12,000

These benefits are provided for treatment after insurance has been in force for at least three years. The benefit is conditional on the presentation of a diagnosis of the existing anomaly in the position of the teeth, the proposed treatment and a cost estimate. In the event that pre-existing insurance of equal value is in place when the contract is concluded, the insurer shall waive the waiting period as long as at least one parent is also insured by the Sympany Group. Benefits already drawn from the previous insurers are imputed against the above benefits, provided no reservation has been declared on the entire benefit.

5.3 Public benefits

Benefits are paid in addition to any benefits provided by the cantonal and local authorities, according to their respective legislation on public dental care. Contributions from the cantonal and local authorities are offset against the benefits of this insurance department.

5.4 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 by 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.

5.5 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.

6 Alternative medicine

6.1 Empirical medical methods

Where medical indications exists, the costs of empirical medical methods employed by a doctor are covered. The insurer draws up a list of acknowledged methods and benefit limits.

6.2 Alternative therapists and treatment methods

Sympany pays contributions in the field of alternative medicine provided that it recognizes the treatment method and the therapist or naturopath administering it. Contributions are paid as follows:

general supplement	up to CHF 70 per hour of therapy (60 minutes)
private supplement	up to CHF 100 per hour of therapy (60 minutes)

The insurer designates recognized treatments and therapists. Lists of recognized treatments and therapists undergo constant adjustment and extension. The list of recognized practitioners is amended or added to on an ongoing basis. It can be referred to at any time via the insurer.

No costs are paid for forms of therapy or for treatment by therapeutic personnel appearing on the insurer's negative list.

The insurer determines the number of hours for which contributions shall be paid according to medical necessity.

6.3 Additional benefits under private supplement

The following benefits are available under **private supplement** for the documented costs of further treatments by qualified personnel:

Up to CHF 50 per hour, up to CHF 1 000 per calendar year

Alternative medical treatment provided in a country adjacent to Switzerland is covered in accordance with the above provisions up to a maximum of the standard charge at the place of treatment.

6.4 Natural treatments

The insurer covers 90% of the costs of phytotherapeutic, homeopathic, anthroposophic and oligotherapeutic remedies, insofar as these are not covered by the basic insurance and are not on the insurer's negative list.

6.5 Maximum benefits

Benefits in the field of alternative medicine are limited by

- the contribution per hour of therapy,
- the number of hours of therapy,
- the list of alternative treatment methods recognized by the insurer,
- the list of therapeutic practitioners and naturopaths recognized by the insurer,
- cost sharing for medical treatment and natural curative agents,
- time limits (per calendar year).

No additional excess is imposed for forms of therapy with limited reimbursement.

Total benefits in the field of alternative medicine are subject to the following maxima:

general supplement	CHF 3,000 per calendar year
private supplement	CHF 6,000 per calendar year

6.6 Benefit conditions

Benefits are payable after prior application has been submitted to the insurer. The health fund may ask a medical consultant to review the medical indication and the qualifications of the doctors and therapists concerned. The health fund may decline to pay benefits if the patient is undergoing parallel treatment at the same time.

7 Elective drugs

The costs of medication prescribed by a doctor which are permitted by the insurer and Swissmedic, but are not on the list of medicines with tariff, the list of pharmaceutical specialties pursuant to KVG or on the insurer's negative list, are absorbed per calendar year as follows:

general supplement	50%, to a maximum of CHF 2,500
private supplement	90%, to a maximum of CHF 5,000

8 Spas

A contribution to spa treatment undergone on medical instructions is payable as follows per calendar year:

50%, for a maximum of 12 admissions

9 Psychotherapeutic treatment

9.1 Benefit coverage

The insurer provides benefits for up to 100 hours of treatment for mental disorders by qualified psychotherapeutic specialists who are not medical practitioners but are in possession of a cantonal authorization to practise independently.

Up to CHF 60 for each of the first 50 hours
Up to CHF 50 for each subsequent hour

9.2 Benefit conditions

The benefits are provided after approval of the cost assumption request by the insurer's medical examiner.

After the number of therapy hours permitted by the insurer has elapsed, but no later than the elapsing of the first 50 therapy hours, the therapist must report to the medical examiner again regarding the progress and planning of the therapy.

No benefits are paid for psychotherapy undergone for the purpose of self-realization, personality development or learning. In addition, no benefits are payable for parallel treatment by another psychologist or psychiatrist.

9.3 Relationship with compulsory health insurance

Psychotherapeutic benefits from this insurance department shall only be provided as long as they are accepted as compulsory benefits under the basic insurance and covered by it.

10 Transport costs, search, rescue and recovery operations, travel expenses

10.1 Transport costs, search, rescue and recovery operations in an emergency

10.1.1 Benefit coverage

The following contribution

CHF 15,000 per calendar year

is payable towards the costs of:
- medically necessary emergency transportation to the nearest suitable hospital by appropriate means of transport,
- return transportation to a suitable hospital in the insured person's canton of residence for inpatient treatment,
- search 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 Search operations
In addition to the costs of the rescue or recovery of an insured person, the costs of search operations are payable as follows:

CHF 20,000 per calendar year

10.2 Travel expenses
Where the insured person regularly receives medical treatment other than at his place of residence, **general supplement** and **private supplement** contribute to the public-transport costs thereby incurred. This benefit is payable only if appropriate treatment cannot be provided at his place of residence or in the immediate vicinity.

90%, up to a maximum of CHF 100 per calendar year

private supplement contributes to the taxi costs incurred for transport between the insured person's place of residence and the place where he receives outpatient treatment. This benefit is payable only if the insured person is unable for medical reasons to use public transport or his own private vehicle.

90%, up to a maximum of CHF 400* per calendar year
*maximum amount incl. costs for public transport

11 Cost share
Unless otherwise stipulated in a particular case, benefits under this insurance department – provided that they are not limited – are subject to a 10% excess.

Insured persons over the age of 18 undergoing elective medical treatment abroad (**private supplement**) are subject to an annual deductible equivalent to the ordinary deductible stipulated in KVG. This deductible also applies in the case of maternity benefits.

Where alternative medical treatments are given by physicians and therapists, insureds over the age of 18 may be charged an annual excess equal to the normal excess laid down by the KVG.

12 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:

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+

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