



Supplementary insurance Special terms and conditions (BB) plus and premium 2018 edition

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1 Insurance fundamentals

1.1 Purpose

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

As a general rule, premium also pays benefits abroad. premium also covers the costs of treatment by doctors who are not under KVG contract, and whose services are therefore not covered by the KVG.

The natura variants pay increased benefits in the field of alternative medicine. Unless otherwise stipulated, the benefits and provisions of plus natura are equal to those of plus, and those of premium natura are equal to those of premium.

As a rule, benefits are provided in addition to all the other insurance departments in these general terms and conditions of insurance (GTC). The benefits of compulsory health care insurance (basic) take precedence over those provided under this insurance department.

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 provisions of both plus and premium. In the event of any conflict, the provisions of plus and premium take precedence over the common provisions.

1.4 Insured persons

plus is available to persons of any age. premium is restricted to persons who have not yet reached their 60th birthday.

1.5 Benefit conditions

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

1.6 Benefits abroad

Benefits under premium are also paid abroad, except in the casamed variant and when otherwise specified.

2 Medical treatment

2.1 Treatment elsewhere than at the place of residence or work

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 Treatment by doctors not under KVG contract

premium provides benefits as per the recognized KVG charge scale for outpatient consultations with senior university

hospital doctors and for treatment by doctors who are not under KVG contract.

2.3 Medical treatment abroad

2.3.1 Elective treatment

premium covers the costs of medical treatment abroad up to a maximum of twice the KVG charge scale at the insured person's place of residence. global covers the full cost as per the normal local rate.

2.3.2 Emergency treatment

plus and premium pay any costs of emergency medical treatment abroad that are not covered by basic.

2.3.3 Duration of benefits

Subject to any provision to the contrary, benefits under plus and premium are not timelimited.

3 Prevention

3.1 Vaccinations

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

80%, max CHF 220.-

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

3.2 Check-ups

If compulsory health insurance is provided by Sympany (basic), the following amount shall be paid as participation in the listed costs of a check-up taking place after two consecutive claims-free calendar years of compulsory health insurance cover (basic):

plus	Up to CHF 300.-
premium	Up to 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 is payable. This allowance is paid if the insured mother breastfeeds her child for ten weeks, whether exclusively or not.

CHF 250.-

3.5 Getting fit

The following contributions are payable 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):

plus	Up to CHF 150.- per calendar year
premium	Up to CHF 250.- per calendar year

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

3.6 Stay fit

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

plus	Up to CHF 200.– per calendar year
premium	Up to CHF 300.– 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.

4 Remedial aids

4.1 Corrective lenses

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

plus	A total of CHF 270.– within 3 calendar years
premium	A total of CHF 420.– within 3 calendar years

The following contribution is payable for children up to 18 years of age:

plus	A total of CHF 270.– per calendar year
premium	A total of CHF 420.– per calendar year

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%, max. 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.

5 Dental treatment

5.1 Wisdom teeth

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.

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 contribution 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

Contributions towards the costs of orthodontic treatment as per the recognized charge scale:

plus	70%, max CHF 10 000.–
premium	70%, max CHF 15 000.–

These benefits are provided for treatment after insurance has been in force for at least two years. If an equivalent prior insurance exists when the contract is signed, the insurer does not require a waiting period provided that at least one parent is also insured with it. Benefits already drawn from the previous insurers are imputed against the above benefits, provided no reservation has been declared on the entire benefit. 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.

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 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.

5.5 Treatment abroad

Treatment abroad will be covered provided that the medical staff's training is equivalent to the Swiss standard and that the costs do not exceed the costs in Switzerland.

6 Alternative medicine

6.1 Maximum overall limits

In the field of alternative medicine the following overall limits apply to medical treatment, recognized therapeutic methods and natural treatments:

plus	CHF 3 000.– per calendar year
plus natura	CHF 6 000.– per calendar year
premium	CHF 6 000.– per calendar year
premium natura	CHF 10 000.– per calendar year

6.2 Medical treatment

plus and premium reimburses the costs of the following alternative methods of medical treatment:

- empirical medical methods.

The health fund designates recognized empirical medical methods, charges and benefit limits. The list of recognized methods, charges and benefit limits, which undergoes constant adjustment and extension, can be inspected at any time at the health fund's offices.

6.3 Alternative therapists and treatment methods

plus and premium pay 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:

plus and premium	50% of documented costs
plus natura and premium natura	80% of documented costs

The plus natura and premium natura schemes will make the following contributions towards the documented costs of non-recognized methods employed by qualified persons:

plus natura	50%, max CHF 1 000.- per calendar year
premium natura	50%, max CHF 2 000.- per calendar year

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

The health fund designates recognized forms of treatment, therapists and benefit limits.

The health fund can specify the number of treatment sessions as a function of medical necessity.

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

6.4 Benefits abroad

Alternative medical treatments administered in a neighbouring country to Switzerland are covered by plus natura and premium natura in accordance with the above provisions at the usual rate for the place where the treatment is administered. This does not apply to persons insured under the casamed variant.

6.5 Natural treatments

plus and premium pay 80% of the costs of phytotherapeutic, homeopathic and anthroposophic treatments and oligosols, provided that they are not covered by basic and do not figure on the insurer's negative list (NL).

6.6 Limitation of benefits

Benefits in the field of alternative medicine are limited by:

- overall limits,
- benefit limits (number of treatment sessions, maximum charge per hour of treatment, charge scale),
- list of alternative therapy methods recognized by the health fund,
- list of therapists and naturopaths recognized by the health fund,
- cost shares,
- time limits (per calendar year).

6.7 Benefit conditions

Benefits are payable after prior application has been submitted to the health fund. The health fund may ask its medical consultant to review the medical indication and the qualifications of doctors and therapists. The health fund may refuse benefits if the insured person is drawing benefits for alternative medical treatment of the same condition from this or another insurance department at the same time.

7 Elective drugs

Contributions towards the costs of drugs prescribed by a doctor that have been approved by the insurer and the Swiss Agency for Therapeutic Products and do not appear on the drugs list with the charge scale (ALT), the KVG speciality list (SL) or the health fund's negative list (NL) are payable as follows in each calendar year:

plus	80%, max CHF 3 000.- per calendar year
premium	80%, max CHF 6 000.- per calendar year

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8 Spas

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

50%, max 12 admissions

9 Psychotherapeutic treatment

9.1 Benefit coverage

The insurance provides benefits as follows for treatment for mental disorders by qualified psychotherapists who are not medical practitioners but are in possession of a cantonal authorization to practise independently:

plus	50%, max CHF 1 000.- per calendar year
premium	50%, max CHF 2 000.- per calendar year

9.2 Benefit conditions

Benefits are paid after the application for reimbursement has been approved by the health fund's medical officer consultant.

No benefits are paid for psychotherapies which are followed for the purpose of self-realization, development of the personality or for learning purposes. In addition, no benefits are payable for parallel treatment by a different psychologist or psychiatric specialist.

9.3 Relationship with compulsory health care insurance

Psychotherapeutic benefits are payable under this insurance department only until they qualify as compulsory benefits in basic and are 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 overall contribution towards:

- medically necessary emergency transportation 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,
- search, rescue and recovery operations is payable:

CHF 40 000.- per calendar year

Under hospita the costs of emergency transportation, return transportation and rescue operations organized by the 24-hour emergency helpline are met in full.

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 200.-

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.

10.2 Travel expenses

In cases where a medical treatment is not available at the insured person's place of residence or in its immediate vicinity and he therefore has to receive regular treatment elsewhere, the following contributions to the transport costs (public transport and taxi) thereby incurred are payable:

plus	Up to CHF 100.- per calendar year
premium	Up to CHF 400.- per calendar year

11 Cost share

Unless otherwise stipulated in a particular case, benefits under this insurance department are subject to a 10% deductible, provided that they are not limited. Insured persons over the age of 18 undergoing elective medical treatment abroad (premium) are subject to an annual deductible equivalent to the ordinary deductible stipulated in KVG. This deductible also applies in the case of maternity benefits.