



Supplementary insurance Special terms and conditions (BB) mondial

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1 Insurance fundamentals

1.1 Purpose

The purpose of mondial is to provide insurance for the financial consequences of illness, accident and maternity for persons who are not covered by the Swiss compulsory health care insurance or for cross-border commuters who have opted not to be bound by the Swiss legal requirement to have health insurance.

1.2 Insurance provider

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

The intermediary health insurance fund (henceforth referred to as the health fund) is listed in the policy document.

1.3 Common provisions

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

1.4 Conclusion of the insurance

New policies are arranged in accordance with the procedure set out in the common provisions. The maximum age at inception is 60.

2 Insurance possibilities

2.1 General

mondial basic (ICA) cover and all the insurance departments covered by the general terms and conditions of insurance (GTC) may be arranged within mondial, except hospita comfort and, in the case of cross-border commuters, compensa.

2.2 Exclusion of accident cover

Accident cover can be excluded from mondial basic.

2.3 Exempt sum and excess

The agreed exempt sum applies to mondial basic.

Non-cross-border commuters	
Adults	CHF 500.- / CHF 1 000.-
Children	CHF 200.- / CHF 400.-
Cross-border commuters	
Adults	CHF 300.- / CHF 500.- / CHF 1 000.- / CHF 1 500.- / CHF 2 000.- / CHF 2 500.-
Children	CHF 0.- / CHF 200.- / CHF 400.- / CHF 600.-

The excess and contributions to hospital accommodation costs are governed by the provisions of the KVG.

3 Benefits

3.1 Principle

Cover is determined by the provisions applicable to individual insurance departments and the chosen extent of cover.

The benefits of basic policies in accordance with the KVG also apply to mondial basic (ICA) policies. Where these provisions

or the common provisions of the general conditions (GTC) for supplementary insurance or other insurances according to the Federal Insurance Contract Act (ICA) diverge from basic insurance under the KVG, they shall take precedence over the regulations of the basic insurance.

mondial can provide additional benefits for cross-border commuters for outpatient treatment and prevention in their country of residence, as per the insurer's list.

For persons in Switzerland without a residence permit, mondial covers the costs of emergency treatment in an intensive-care hospital. Illnesses and consequences of accidents already in existence when the policy was concluded are not covered. These limitations do not apply to persons who already have mondial cover at their foreign place of residence.

The charges applicable in Switzerland or in the country where the insured person is resident or where treatment takes place in the EU are the determining factor. Further benefit provisions in the individual insurance departments are reserved.

If treatment takes place in a hospital ward of a higher category than the insured person is covered for, or if charges are manifestly exaggerated, the insurer limits benefits to the charge scales applicable for insurance cover at the location of the health fund's registered office.

3.2 Treatment in the country of residence or abroad

Non-emergency treatment is covered in the insured person's country of residence, Switzerland and the EU.

If the provisions of the individual insurance departments contain rules for benefits abroad, then "abroad" is understood to mean every country except Switzerland and the country where the insured person resides.

4 Obligations

4.1 Obligations in the event of sickness and accident

Benefits are provided only if detailed original bills are submitted to the health fund containing the following information:

- treatment date,
- diagnosis,
- types of treatment,
- number of consultations/duration of hospital stay,
- receipted original prescriptions,
- daily charges and ancillary costs (hospital).

Persons undergoing inpatient treatment must apply to the health fund for reimbursement within no more than 10 days of admission.

4.2 Other notifications

The insured person must provide the health fund with a contact address and bank account details in Switzerland. The insurer sends communications to the contact address in Switzerland with legally binding effect.