



Supplementary insurance Special terms and conditions (BB) hospita 2018 edition

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1 Insurance fundamentals

1.1 Purpose

The purpose of hospita insurance is to meet the costs of treatment in intensive-care hospitals in the event of illness, accident and maternity that would not otherwise be covered. It also makes contributions to the costs of spa treatment, long-term treatment, home help outside hospital (Spitex) and transportation.

hospita benefits are paid out in addition to compulsory health care insurance in accordance with compulsory health care insurance (KVG) (basic). Of the total costs, the maximum share payable is the proportion not covered by basic or by some other compulsory health care insurance.

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

1.4 Conclusion of the policy

hospita is open to persons who have not yet reached their 60th birthday. hospita private accident is available only in combination with one of the following insurance departments:

- plus, plus natura, premium, premium natura,
- general supplement, private supplement,
- other hospita variants. Except: hospita private, hospita global

1.5 Benefit conditions

1.5.1 General

Benefits are paid only if the treatment is necessary for medical reasons and is administered in an intensive-care hospital. The treatment must be performed by service providers recognized under the KVG.

1.5.2 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.

1.5.3 Hospital list

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.

1.5.4 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.

1.6 Accident coverage

Accident cover may be excluded from hospita insurance (except for hospita private accident). The purpose of hospita private accident insurance is to meet the costs of treatment in

the private ward of an intensive-care hospital in the event of an accident for which no other cover exists.

1.7 Insurance possibilities

1.7.1 Benefit levels

hospita insurance operates at the following benefit levels:

hospita general: treatment in the general ward of an intensive-care hospital with a recognized charge scale anywhere in Switzerland (multiple occupancy).

hospita semi-private: semi-private ward (two-bed room) of an intensive-care hospital with a recognized charge scale anywhere in Switzerland.

hospita private: private (single-bed) room in an intensive-care hospital anywhere in Switzerland.

hospita private accident:

- emergency treatment in the event of an accident: private ward of an intensive-care hospital anywhere in the world,
- treatment of the consequences of an accident: private ward of an intensive-care hospital anywhere in Switzerland in the event of an accident.

hospita global: private (single-bed) room in an intensive-care hospital anywhere in the world.

hospita flex: a general or semi-private ward of an intensive-care hospital of the patient's choice with a recognized charge scale anywhere in Switzerland, or a private ward of an intensive-care hospital of the patient's choice anywhere in Switzerland (a cost share will be payable).

hospita comfort: intensive medical treatment and care in a hospital contracted to comfort, as hospita general (general ward). Accommodation costs are met for a room with one or two beds, depending on the insured cover. The hospita comfort benefit level may be restricted to insured persons residing in a particular region.

1.7.2 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 with a recognized charge scale, which is available for inspection at any time.

1.7.3 Hospitals under contract to hospita comfort

hospita comfort hospitals are those with which the insurer has agreed defined charge scales as appropriate. The health fund has a list of hospita comfort hospitals, which is constantly adjusted and can be inspected at the health fund's offices at any time.

1.7.4 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. The health fund may fix maximum charges for general and semi-private wards, and then use these as a criterion for classifying insured hospital wards. These maximum charges depend on the rates charged by and agreements with a comparable hospital with a recognized charge scale located in the region where the insured person lives.

Any maximum charges specified by the health fund can be inspected at its offices.

1.7.5 Hospital classification

Hospitals that do not meet these classification criteria, i.e. that have no general or semi-private ward or only a private ward within the meaning of these provisions, will be listed by the health fund. This list is available for inspection.

2 Inpatient treatment

2.1 Intensive care

2.1.1 Benefit conditions

hospita provides inpatient benefits to insured persons requiring hospital treatment within the meaning of basic.

2.1.2 Benefit coverage

In addition to the benefits provided by basic, hospita meets the costs of hospital accommodation in a ward covered by the selected insurance level.

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

2.1.3 Treatment in a higher class of hospital ward

If treatment takes place in a hospital ward of a higher category than is covered, the following maximum benefits apply.

hospita general: the costs which would have been incurred in an insured hospital ward. If these cannot be determined, hospita pays a daily flat rate:

CHF 30.– per day

hospita semi-private: the costs which would have been incurred in an insured hospital ward. If these cannot be determined, hospita pays a daily flat rate:

CHF 120.– per day

hospita comfort: insured persons with cover in a two-bed room under hospita comfort will receive benefits equivalent to their insurance cover if they stay in a single-bed room of a comfort-contracted hospital.

If persons holding hospita comfort insurance are treated and accommodated in a private or semi-private ward of a comfort-contracted hospital, benefits corresponding to their insurance cover are payable.

2.1.4 Treatment in an unlisted hospital

If treatment is obtained in a hospital that does not appear on a cantonal hospital list, the following maximum benefits are payable:

hospita general/comfort	Flat rate of CHF 30.– per day
hospita semi-private/private/private accident/flex	The additional costs that would have been incurred for accommodation in the insured ward of a reference hospital in the canton of residence rather than the general ward.
hospita private accident (emergency)/global	Full cost cover

2.1.5 Treatment in a non-contracted hospital

Where a person insured under hospita comfort is treated in a hospital that does not appear on the health fund's list of comfort contracted hospitals, benefits are limited to the cost of a general ward or the reference charge scale of a comfort contracted hospital in his canton of residence.

2.2 Long-term treatment

2.2.1 Definition

A chronic condition is defined as a long-term illness requiring nursing care but not a permanent medical standby.

2.2.2 Benefit coverage

hospita pays the following flat-rate daily allowances if:

- the treatment of a chronically ill person requires accommodation in a suitable and recognized hospital, or
- accommodation in an intensive-care hospital takes on the features of long-term treatment for the chronically ill. In this case the insurer may reduce its benefits after giving one month's notice. The duration of benefits is reduced by the number of hospital days after the date on which notice is given.

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	Days 1 to 90	Days 91 to 180
hospita semi-private/flex	CHF 50.–	CHF 25.–
hospita private/private accident	CHF 70.–	CHF 35.–
hospita global	CHF 90.–	CHF 45.–

These benefits are payable for treatment in the insured ward, no more than once within three calendar years. If treatment is provided in a ward of a lower category than the patient is insured for, benefits are payable according to the hospita variant for the ward actually used.

2.3 Inpatient rehabilitation

If medical treatment is provided in a multi-purpose sanatorium recognized by the health fund or in a medical-rehabilitation ward or clinic, hospita covers the full costs for the first 60 days in accordance with the provisions on intensive care. After that, benefits for long-term treatment are payable – taking account of time already spent in the facility.

	Days 61 to 90	Days 91 to 180
hospita semi-private/flex	CHF 50.–	CHF 25.–
hospita private/private accident	CHF 70.–	CHF 35.–
hospita global	CHF 90.–	CHF 45.–

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

2.4 Psychiatric clinics

hospita covers the full costs of inpatient treatment in a psychiatric clinic and psychiatric treatment in an intensive-care hospital or a special clinic for 90 days, in accordance with the provisions on intensive care. No benefits are payable under hospita private accident.

If treatment lasts for longer than this, the following flat-rate daily allowances are paid for treatment in the corresponding ward:

	Days 91 to 180
hospita general/comfort	CHF 20.–
hospita semi-private/flex	CHF 50.–
hospita private	CHF 70.–
hospita global	CHF 90.–

These benefits are payable only once within a period of three calendar years. If treatment is provided in a ward of a lower category than the patient is insured for, benefits are payable according to the hospita variant for the ward actually used.

2.5 Benefits abroad

2.5.1 In emergencies

In addition to basic benefits, hospita pays the costs of emergency inpatient treatment in an intensive-care hospital during a temporary stay abroad up to the maximum for which the insured person is covered. Benefits are paid for as long as repatriation is not medically possible, subject to a maximum of one year.

2.5.2 Elective treatment abroad

hospita global benefits are also provided if the insured person travels abroad with the intention of obtaining treatment. The other benefit levels provide the same benefits as for treatment in an unlisted hospital.

2.5.3 Procedure for hospital accommodation

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

3 Spa treatment

3.1 Recovery cures

A free choice may be made among the medically supervised domestic spa establishments recognized by the insurer. A list of recognized spa establishments can be inspected at the health fund's offices at any time.

hospita provides the following benefits for medically prescribed recovery cures following intensive-care hospital treatment, for a maximum of 21 days in each case:

hospita general/comfort	CHF 40.-/day
hospita semi-private/flex	CHF 70.-/day
hospita private/private accident	CHF 90.-/day
hospita global	CHF 110.-/day

3.2 Spa treatment

hospita pays the following benefits for a maximum of 21 days per calendar year:

hospita general/comfort	CHF 10.-/day
hospita semi-private/flex	CHF 20.-/day
hospita private/private accident	CHF 30.-/day
hospita global	CHF 40.-/day

A free choice may be made among the medically-supervised thermal spas recognized by the insurer. The list of recognized thermal spas, which undergoes constant adjustment and extension, can be inspected at the health fund's offices at any time.

The contribution to the costs of spa treatment is made irrespective of whether the insured person receiving treatment stays at the spa itself or in a hotel, guest house or private rooms at the spa location.

The health fund may require an examination by the spa doctor on admission and a final check-up with a closing report to the referring doctor.

3.3 Other treatment

Where special medical indications exist, the health fund may, at the request of the medical consultant, pay a flat-rate sum for other medically prescribed spa treatments not exceeding the contribution to spa treatment.

3.4 Procedure during a spa stay

The medical prescription for a course of spa treatment, together with the diagnosis, must be submitted to the health fund two weeks before treatment commences.

If a course of treatment is interrupted, partial treatment costs can only be met if the interruption was due to an illness or other compelling reasons and a certificate to that effect is provided by the spa doctor.

4 Special benefits

4.1 Home help

4.1.1 Principle

When a hospital stay can be avoided or its duration reduced, hospita contributes, on medical instructions, to the cost of home help where this is required on grounds of health or of domestic and family circumstances.

4.1.2 Benefit coverage

hospita makes a contribution per calendar year towards the costs of recognized home helps. The benefits are payable even if there is no agreement between the service providers and the insurer.

Benefits are paid as follows:

hospita general/comfort	Up to CHF 20.-/day, max. CHF 280.-
hospita semi-private/flex	Up to CHF 35.-/day, max. CHF 490.-
hospita private/private accident	Up to CHF 45.-/day, max. CHF 630.-
hospita global	Up to CHF 55.-/day, max. CHF 770.-

If the insured person is responsible for the care of at least one child, benefits are doubled.

No benefits are payable for accommodation in a nursing home.

4.1.3 Service providers

A recognized home help is one who looks after the insured person's household on his behalf by way of trade for his or her own account, or for a Spitex organization under contract to the insurer.

Contributions are also paid if this help is provided by members of the insured person's family who suffer a demonstrable loss of earnings as a result, or can give evidence of appropriate travel expenses.

Instead of home-help benefits, the same contributions can be paid for care services provided by commercial Spitex companies if these receive no remuneration under basic.

4.2 Transport costs, rescue and recovery actions in emergencies

for:

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

hospita pays the following total sums

hospita general/comfort	CHF 10 000.-/ per calendar year Deductible CHF 100.-/claim
hospita semi-private/flex	CHF 30 000.-/ per calendar year
hospita private/private accident	CHF 50 000.-/per calendar year
hospita global	Unlimited

Under **plus**, **premium**, **general supplement** and **private supplement** the costs of emergency transportation, return transportation and rescue operations organized by the 24-hour emergency helpline are met in full. Benefits do not cover the excess under the **plus**, **premium**, **general supplement** or **private supplement** insurance departments.

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

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.

4.3 Rooming-in

If a small child requires inpatient treatment, **hospita** contributes to the cost of accommodating one of its parents in its room from the child's insurance cover.

50%, max. CHF 50.- per day

If a parent requires inpatient treatment, **hospita** covers the cost of accommodating the small child in the parent's room from the parent's insurance cover.

50%, max. CHF 50.- per day

4.4 Child-care service

4.4.1 Principle

hospita pays contributions towards the nursing and care of insured children aged 11 and under, provided by an institution recognized by the health fund. This is conditional on a contractual arrangement between the health fund and the institution.

4.4.2 Benefit conditions

The benefits are provided if, in the opinion of the recognized institution, the child is in need of care following an acute illness or accident. Benefits are restricted to nursing and care provided by specialist staff. Children are entitled to benefits for as long as the persons responsible for bringing them up pursue gainful employment during the period when care is required.

4.4.3 Benefit coverage

hospita makes the following contributions to the insured child's nursing and care:

Up to CHF 30.- per hour, max. CHF 600.- per calendar year

4.5 Medical treatment following accidents (hospita private accident)

4.5.1 Private consultations with hospital doctors and treatment by doctors who are not under KVG contract

If the insured person is not covered by **premium** or **private supplement**, **hospita private accident** contributes towards the

costs of private outpatient consultations with senior university hospital doctors and of treatment by doctors who are not under KVG contract in accordance with the recognized KVG scale.

4.5.2 Emergency medical treatment abroad

In cases where emergency medical treatment is necessary abroad, **hospita private accident** covers the full costs over and above the benefits provided under **basic** where the insured person is not covered under **premium** or **private supplement**.

5 Maternity

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5.1 Costs of inpatient treatment

hospita covers the uncovered costs of a birth in a hospital or maternity unit for the mother and the newborn infant in accordance with the agreed level of insurance for the mother.

If the child is not insured with **Sympany**, the mother's **hospita** pays the costs that are not otherwise covered, over and above any other insurance covering the child.

If the mother is not insured with **Sympany**, the child's **hospita** cover meets its otherwise uncovered costs in addition to the mother's insurance.

5.2 Birth in a maternity clinic

5.2.1 Inpatient birth

The following benefits are provided where birth takes place in a maternity unit recognised by the insurer but not entered on the cantonal hospital list:

hospita general/comfort	90%, max. CHF 1 000.- per birth
hospita semi-private/flex	90%, max. CHF 2 000.- per birth
hospita private/global	Full cost cover

For persons insured under **hospita flex**, the additional cost share as per to the **hospita flex** provisions does not apply.

5.2.2 Outpatient birth

If the child is born on an outpatient basis in a maternity unit recognised by the insurer, the supplementary benefits not covered by **basic** will be provided in line with Art. 5.2.1.

5.3 Home help after childbirth

5.3.1 Principle

hospita pays contributions to the costs of medically prescribed home help by personnel recognized by the insurer. They are paid instead of the ordinary **hospita Spitex** benefits.

Contributions are also paid if this help is provided by members of the insured person's family who suffer a demonstrable loss of earnings as a result.

5.3.2 Hospital birth

The following benefits are payable following a hospital birth:

hospita general/comfort	Up to CHF 40.-/day, max. CHF 560.-
hospita semi-private/flex	Up to CHF 70.-/day, max. CHF 980.-
hospita private	Up to CHF 90.-/day, max. CHF 1 260.-
hospita global	Up to CHF 110.-/day, max. CHF 1 540.-

5.3.3 Home birth

In the event of a home or outpatient birth the following benefits are paid:

hospita general/comfort	Up to CHF 60.-/day, max. CHF 840.-
hospita semi-private/flex	Up to CHF 105.-/day, max. CHF 1 470.-
hospita private	Up to CHF 135.-/day, max. CHF 1 890.-
hospita global	Up to CHF 165.-/day, max. CHF 2 310.-

5.4 hospita private accident

hospita private accident does not provide any maternity benefits except for the rooming-in provision.

6 Accident supplement

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

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

7 hospita variant with a no-claims discount (NCD)

7.1 Principle

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

7.2 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.

7.3 Discount levels

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

Discount level hospita NCD	Premium under hospita no-claims discount
0	Normal hospita premium +20%
1	Normal hospita premium
2	Normal hospita premium -30%

The premium for hospita 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.

7.4 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 is raised with effect from 1 January of the fourth year (unless he has already reached the maximum bonus level).

7.5 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).

7.6 Maternity benefits

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

7.7 Complementary insurance

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

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8 hospita flex cost share

8.1 Cost-share coverage

hospita flex enables the insured person to choose a ward before admission to a hospital. The choice of ward determines the cost share.

In the event of hospital care, hospita flex benefits are subject to the following cost share per calendar year, depending on the ward chosen:

Ward	Three options for cost contributions with respect to services from hospita flex		
	Option 1	Option 2	Option 3
General ward	none	none	none
Semi-private ward	25% up to CHF 3 000 per calendar year	15% up to CHF 1 500 per calendar year	none
Private ward	No Sympany cost cover	25% up to CHF 4 500 per calendar year	20% up to CHF 3 000 per calendar year
Maximum cost contribution for families*	CHF 3 000 per calendar year	CHF 4 500 per calendar year	CHF 3 000 per calendar year

This cost share also applies to maternity.

The cost share does not apply if hospita pays a flat-rate benefit in accordance with these insurance conditions, except for hospita insured benefits in other countries. These are subject to the appropriate cost share.

The cost share may be adjusted in the light of inflation.

The statutory basic cost share is charged additionally.

* If two or more people living in the same household (family policy) are insured under hospita flex, policyholders may apply for a refund of cost contributions which exceed the maximum. Where the persons covered by a family policy are insured under different variants of flex, with different cost contributions, the maximum cost contribution of CHF 4,500 applies.