

Supplementary Conditions (SC)

Outpatient Supplementary Health Insurance (FLIC)

Cost of Treatment

Notes:

- For reasons of readability only the male pronoun is used.
- The original version of these provisions is the German version. Versions in other languages are translations. The German text is valid in cases of doubt arising because of interpretation.

These supplementary conditions form part of the insurance contract. Insured persons are expressly advised to take notice of the General Conditions of Contract for Supplementary Insurance.

What is insured?

The following are insured under the Supplementary Insurance for Cost of Treatment Outpatient (in the following Outpatient):

- A.** Contributions for outpatient treatment, examinations and preventive measures as well as medicaments and physical aids supplementary to the obligatory health insurance.
- B.** Vacanza Travel Insurance by Visana Insurance Ltd for eight weeks per journey.
- C.** Assistance Insurance by Visana Insurance Ltd for emergency round the clock benefits within Switzerland.

What variants can be insured for in Outpatient?

You can choose insurance levels Outpatient I, II or III. Outpatient category IV is a closed ward. The scope of Outpatient I is the lowest, that of Outpatient IV the greatest.

Family discount (valid for new contracts from 1/1/2020 onwards)

The second child and every additional child receive a 50 % premium discount until they reach the age of 18. The discount is only granted if at least two children have supplementary health insurance with Visana Insurance Ltd. Once the first child has reached the age of 18, the second child counts as the first child and therefore is no longer entitled to a discount.

If, due to insurance-related reasons, a 50 % family discount is no longer justifiable for the product, Visana Insurance Ltd has the right to reduce or cancel the discount accordingly, at the end of a calendar year.

Visana Insurance Ltd shall give notice of reduced or cancelled discount no later than 30 days before it comes into force. You then have the right to terminate the insurance cover affected by the reduction or cancellation of discount at the end of the current calendar year. In order to be valid, the notice of termination must reach Visana Insurance Ltd no later than on the last working day of the calendar year. If you do not serve such notice of termination, this equates to acceptance of the change on your part.

A Outpatient treatment, examinations and preventive measures as well as medicaments and physical aids

1. Generalities

1.1 What conditions have to be fulfilled?

Benefits are paid from the Outpatient insurance plan for effective, expedient and economic diagnostic and therapeutic measures, medicaments and physical aids. Benefits are paid solely supplementary to the obligatory health insurance. Parts of costs covered by the obligatory health insurance and participation in costs for the obligatory health insurance are not insured by Outpatient, whether the obligatory health insurance exists or not. In every case, at most only the actual costs incurred will be refunded. Accident cover cannot be excluded.

2. Catalogue of benefits

Benefits from Outpatient are assessed on the basis of the costs for treatment not covered by the obligatory health insurance. The benefits from the obligatory insurance are calculated first. The percentages shown in the following table refer to the remaining share of treatment costs.

Outpatient	I	II	III	IV Closed ward	Special Conditions
Non contracted doctors: valid tariffs for the obligatory health insurance maximum double the tariff for obl. health insurance			90 %	90%	para. 3.1

<p>Medicaments (prescribed by doctor)</p> <ul style="list-style-type: none"> ■ Medicaments licensed for use for the indication concerned by Swissmedic, the Swiss Agency for Therapeutic Products ■ Medicaments according to Visana Insurance Ltd's list of medicaments <p>Together maximum per calendar year No contribution for preparations which are on the List of Pharmaceutical Preparations for Special Applications (LPPSA).</p>	90 % 50 % CHF 1'000.–	90 % 50 % unlimited	90 % 50 % unlimited	90 % 50 % unlimited	para. 3.2
<p>Esthetical operations Correction of prominent outer ears according to the usual local tariff</p>		90 %	90 %	90 %	
<p>Sterilization/Vasectomy (usual local tariff)</p>		90 %	90 %	90 %	
<p>Nonmedical psychotherapy Valid tariff for the obligatory health insurance</p> <p>Sum per session:</p> <p style="padding-left: 40px;">1st series of 20 sessions</p> <p style="padding-left: 40px;">2nd series of 40 sessions</p> <p>Maximum per calendar year</p>		CHF 60.– CHF 50.–	80 %	90 % CHF 5'000.–	para.3.3
<p>Dental surgery operations (according to the tariff valid for the obligatory health insurance)</p> <ul style="list-style-type: none"> ■ resection of the labial frenulum ■ resection of the root tip ■ extraction of a tooth involving separation or a flap ■ removal of an impacted tooth ■ surgical removal of wisdom teeth (incl. anaesthetic, necessary x-rays and follow-up treatment) maximum per calendar year 		25 % CHF 500.–	50 % CHF 1'000.–	90 % unlimited	
<p>Correction of the position of teeth (according to valid tariff for the obligatory health insurance)</p> <p>maximum per insured person (diagnosis, planning, treatment incl. apparatus and check-ups to the conclusion of treatment)</p>		80 % CHF 10'000.–	80 % CHF 10'000.–	90 % unlimited	
<p>Physical aids and apparatus (prescribed by doctor)</p> <p>Contribution to purchase or rental supplementary to social insurance (HI, AI, II, old age pension, SB, EMV)</p> <p>maximum per calendar year</p>		90 % CHF 1'000.–	90 % CHF 2'000.–	90 % unlimited	para.3.4
<p>Spectacle glasses and contact lenses</p> <ul style="list-style-type: none"> ■ children and young persons up to 18 years of age maximum per calendar year ■ adults maximum every three years maximum per calendar year <p>Spectacle glasses/contact lenses with correction of more than 10 diopters</p> <p>Maximum per calendar year</p> <p>No benefits are paid for the cost of the frames and for adaptation of contact lenses</p>		90 % CHF 200.– 90 % CHF 200.– 90 % CHF 750.–	90 % CHF 250.– 90 % CHF 250.– 90 % CHF 750.–	90 % CHF 500.– 90 % CHF 500.– 90 % CHF 750.–	

Home help and home nursing					para.3.5
Contribution per day for a maximum of 30 days per calenderyear		CHF 50.–	CHF 100.–	CHF 100.–	
Contribution per day for a maximum of a further 30 days per calendar year		CHF 25.–	CHF 50.–	CHF 100.–	
Maternity					
Check-ups and ultrasound examinations (according to the valid tariff for the obligatory health insurance)		90 %	90 %	90 %	
Prenatal and postnatal gymnastics			90 %	90 %	
Maximum per pregnancy			CHF 300.–	CHF 300.–	
Preventive examination/check-ups					
Preventive gynecological examination (according to the valid tariff for the obligatory health insurance)	90 %	90 %	90 %	90 %	
Check-up every 3 years (according to the valid tariff for the obligatory health insurance)	90 %	90 %	90 %	90 %	
Maximum	CHF 200.–	CHF 300.–	CHF 600.–	CHF 600.–	
Vaccinations, preventive and for travel					
(according to the valid tariff for the obligatory health insurance)	90 %	90 %	90 %	90 %	
Maximum per calendar year	CHF 100.–	CHF 200.–	unlimited	unlimited	
Transport and cost of travel					
Medically necessary ambulance transport to the nearest hospital (according to the valid tariff for the obligatory health insurance)	90 %	90 %	90 %	90 %	
Maximum per calendar year	CHF 10'000.–	CHF 20'000.–	unlimited	unlimited	
Cost of travel		50 %	50 %	50 %	para.3.6
Maximum per calendar year		CHF 2'000.–	CHF 2'000.–	CHF 2'000.–	
Search, rescue and recovery costs					para.3.7
Maximum per calendar year	90 %	90 %	90 %	90 %	
Where mortal remains are recovered, till these are put into a coffin transport costs are covered	CHF 25'000.–	CHF 25'000.–	unlimited	unlimited	
Abroad					
<ul style="list-style-type: none"> ▪ Benefits as in the Outpatient catalogue of benefits 	No	No	Yes	Yes	
<ul style="list-style-type: none"> ▪ Supplementary to the above, benefits from Vacanza Travel Insurance for eight weeks per journey 	Yes	Yes	Yes	Yes	
No benefits are paid if insureds go abroad for the purpose of treatment					

3. Special conditions

3.1 Treatment by noncontracted doctors

Noncontracted doctors are doctors with a federal diploma who refuse to provide services under the framework of the obligatory health insurance, according to the Federal Law on Health Insurance (FLHI), article 44, paragraph 2.

3.2 Medicaments

Visana Insurance Ltd maintains a list of medicaments for which only 50 % of the invoiced costs are accepted. This list is subject to modification by Visana Insurance Ltd as stated in para-

graph 7.1. If a limit is introduced in the list of specialties of the Federal Office of Public Health to prevent abuse no benefits will be paid from Outpatient for quantities of medicaments exceeding the limit. If the Federal Office of Public Health sets a limit for the maximum sum to be paid from the obligatory health insurance for a medicament any incidental difference to the selling price will not be accepted under Outpatient I + II. Benefits may also be reduced for prices or changes to prices by manufacturers not conforming to those generally applied in the branch (e.g. above those recommended by the Federal Drug Commission). The same applies to excessive price margins on charges

made by doctors, pharmacists and hospitals. Such a reduction can only be made after no success has been achieved through negotiation with manufacturers and doctors, pharmacists or hospitals.

3.3 Nonmedical psychotherapy

Benefits are only paid for treatment by nonmedical psychotherapists if these are registered as service providers for the obligatory health insurance. Until stipulations come into force for the obligatory health insurance concerning benefits for treatment by nonmedical psychotherapists reimbursements will be made provided that the therapy is carried out by a psychotherapist recognized by Visana Insurance Ltd. Visana Insurance Ltd maintains a list of recognized psychotherapists which you can view or request an extract from. Visana Insurance Ltd reimburses the valid local tariff. The benefits from Outpatient II will be provided under the same conditions and only till the stipulations for the obligatory health insurance concerning benefits for nonmedical psychotherapy come into force. After these stipulations for the obligatory health insurance come into force, these benefits from Outpatient II cease.

3.4 Physical aids and apparatus

A prior guarantee of acceptance of costs has to be obtained from Visana Insurance Ltd in the case of expensive reusable aids (para. 8.1 GCC). Visana Insurance Ltd has the right to disperse such aids for use or to assist in obtaining these.

3.5 Home helps and home nursing

Benefits are paid for routine household work, provided a medical prescription is available and the work is carried out

- by the personnel from a home-help organization or
- by a person not counted among the immediate relatives or
- by a person not living in the same household.

Immediate relatives are partners in life, parents, children and their partners as well as brothers and sisters and their partners. If an immediate relative gives up or takes a break from employment to care for the insured person contributions will also be made. Contributions are made for home nursing prescribed by a doctor if a stay in a hospital or in a rehabilitation unit can be avoided or shortened by using appropriately trained nursing personnel.

3.6 Cost of travel

Benefits are paid for cost of travel for special series of outpatient treatment which can only be carried out at certain treatment centers (e. g. university clinics) distant from the place of residence. Such treatment includes in particular hemodialysis, treatment for paralysis, radiation therapy for cancer. The basis for assessment is the cost of a 2nd class ticket on public transport or CHF –.60 per kilometer for private transport (incl. taxis).

3.7 Rescue costs

Rescue differs from the comprehensive term transport in that the insured person has to be freed from a life-threatening situation.

B Vacanza Travel Insurance

Costs not covered by other insurance arising through illness and accident while abroad are covered by Vacanza Travel Insurance for eight weeks per journey at most. The insurance is valid outside Switzerland worldwide. Insurance protection includes an emergency service and legal protection insurance. Insurance protection ceases if obligatory health insurance ends and/or on transfer of domicile abroad. The scope of benefits and the conditions can be taken from the General Conditions

of Contract (GCC) FLIC 2014 for Visana Insurance Ltd's Vacanza Travel Insurance.

C Assistance Emergency Benefits

Visana Assistance emergency service offers advice and help in emergencies throughout Switzerland. Services are obtained round the clock and consist mainly of organizing and coordinating necessary measures. The scope of benefits and the conditions can be taken from the General Conditions of Contract (GCC) 2012 for the service benefits provided by Visana Insurance Ltd's "Visana Assistance CH".

Integrated components of Outpatient supplementary insurance for cost of treatment are:

- Visana Insurance Ltd's list of medicaments
- GCC FLIC 2014 for Visana Insurance Ltd's Vacanza Travel Insurance
- GCC 2012 for service benefits offered by Visana Insurance Ltd's "Visana Assistance CH".