

Supplementary Conditions (SC)

Basic Supplementary Health Insurance (FLIC) - Outpatient, Complementary, Hospital

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.

What does Basic Supplementary Health Insurance consist of?

Basic Supplementary Health Insurance consists of the following benefit components

- Basic Outpatient
- Basic Complementary
- Basic Hospital

No-claims bonus (valid for new contracts from 1/1/2020 onwards)

The no-claims bonus is a premium discount for the years of insurance with no benefit payments, granted in the form of a 20 % discount on the respective applicable tariff. It is calculated as follows:

If the insured receives benefits for inpatient stays from Basic Supplementary Health Insurance during the observation period (1st of July in the previous year to 30th of June in the current year), they do not receive, or they lose, the existing no-claims bonus as of the 1st of January on the following year. If they receive no benefits for inpatient stays from Basic in the subsequent (new) observation period, they receive the 20 % no-claims bonus as of the 1st of January in the following year. The settlement date of the received benefit is decisive.

If multiple settlements relating to the same inpatient stay occur during different observation periods, the no-claims bonus is only cancelled for one year.

Insured persons who take out a new Basic contract by the 31st of March already receive the no-claims bonus from the 1st of January in the following year (shortened observation period) if no inpatient benefits are received from Basic in the meantime. Insured persons who take out a new Basic contract from the 1st of April onwards do not receive the no-claims bonus until the 1st of January in the year after next.

If, due to insurance-related reasons, a 20 % no-claims bonus 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.

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.

I Benefit components of Basic Outpatient

The Supplementary Conditions constitute part of the insurance contract. You are expressly advised to take notice of the General Conditions of Contract for Basic Supplementary Health Insurance.

What are you insured for?

The benefit components insured for with Basic Outpatient insurance are as follows:

- Contributions for outpatient treatment, examinations, preventive measures, drugs, and aids and appliances** supplementary to the benefits provided by the obligatory health care insurance.
- Vacanza Travel Insurance** provided by Visana Insurance Ltd for eight weeks per trip.
- Assistance Insurance** for 24-hour on-the-spot assistance in Switzerland provided by Visana Insurance Ltd.

1. General information

1.1 What conditions have to be fulfilled?

Benefits are paid from Basic Outpatient insurance for effective, expedient and economic medication, methods of diagnosis, therapeutic measures, drugs, and aids and appliances. Benefits will be paid solely in addition to those of the obligatory health care insurance. Proportions of costs which are covered by the obligatory health care insurance and participation in costs arising from the obligatory health care insurance are not

insured by Basic Outpatient insurance, whether the insured person has obligatory insurance or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred.

Accident cover cannot be excluded.

2. Catalogue of benefits

The benefits from Basic Outpatient are calculated on the basis of the cost of treatment that is not paid by the obligatory health care insurance. Benefits paid by the obligatory insurance are settled first. The percentages indicated in the following table refer to the part remaining of the cost of treatment.

Basic Outpatient		Special conditions
<p>Drugs (medically prescribed)</p> <ul style="list-style-type: none"> ■ Medicinal drugs authorized for use for the indication concerned by Swissmedic, the Swiss Agency for Therapeutic Products <p>No contributions are made for preparations on the List of Pharmaceutical Preparations Paid for by Insureds (LPPV) and for drugs on Visana's list of drugs (cf. para. 3.5 GCI).</p>	90 %	Paragraph 3.1
<p>Cosmetic operations</p> <p>Correction of projecting ears at the usual local tariff</p>	90 %	
<p>Sterilization/vasectomy</p> <p>(at the usual local tariff)</p>	90 %	
<p>Non-medical psychotherapy</p> <p>Contribution per session:</p> <ol style="list-style-type: none"> 1. series of 20 consultations 2. series of 40 consultations 	CHF 60.– CHF 50.–	Paragraph 3.2
<p>Dental surgery</p> <p>(at the valid tariff for the obligatory health care insurance)</p> <ul style="list-style-type: none"> ■ Labial resection ■ Root tip resection ■ Extraction of teeth with separation or a flap ■ Extraction of a retained/impacted tooth ■ surgical extraction of wisdom teeth (incl. anesthetic, necessary x-rays and follow-up treatment) <p>maximum sum per calendar year</p>	25 % CHF 500.–	
<p>Correction of malpositioned teeth</p> <p>(at the valid tariff for the obligatory health care insurance)</p> <p>Maximum sum per insured person (diagnosis, planning, treatment, including apparatus and check ups until treatment is concluded)</p>	80 % CHF 10'000.–	
<p>Aids and apparatus (medically prescribed)</p> <p>Contribution to purchase or rental supplementary to those of a social insurance (KV, UV, IV, AHV, EL, EMV),</p> <p>maximum sum per calendar year</p>	90 % CHF 1'000	Paragraph 3.3
<p>Eye glasses and contact lenses</p> <ul style="list-style-type: none"> ■ Children and juveniles up to 18 maximum sum per calendar year ■ Adults maximum sum every three years <p>Eye glasses/contact lenses with corrections of more than 10 diopters maximum sum per calendar year</p> <p>No benefits for the cost of frames and for fitting contact lenses</p>	90 % CHF 200.– 90 % CHF 200.– 90 % CHF 750.–	
<p>Home help and home nursing</p> <p>Daily contribution for a maximum of 30 days per calendar year</p> <p>Daily contribution for a maximum of 30 additional days per calendar year</p>	CHF 50.– CHF 25.–	Paragraph 3.4
<p>Maternity</p> <p>Checks ups and sonography examinations</p> <p>(at the valid tariff for the obligatory health care insurance)</p>	90 %	
<p>Preventive examinations/Check-up</p>	90 %	

Basic Outpatient		Special conditions
Preventive gynecological examinations (at the valid tariff for the obligatory health care insurance) Check up every three years (at the valid tariff for the obligatory health care insurance) maximum	90 % CHF 300.–	
Protective vaccinations and vaccinations for travel (at the valid tariff for the obligatory health insurance) maximum sum per calendar year	90 % CHF 200.–	
Cost of transport and travel Medically necessary transport to the nearest hospital (at the tariff valid for the obligatory health care insurance) maximum sum per calendar year Cost of travel maximum sum per calendar year	90 % CHF 20'000.– 50% CHF 2'000.–	Paragraph 3.5
Cost of search, rescue and recovery maximum sum per calendar year If a corpse has to be recovered the cost of transport covers the costs incurred until the corpse is placed in a coffin.	90 % CHF 25'000.–	Paragraph 3.6
Payments abroad Cover for eight weeks per trip from Vacanza Travel Insurance No benefits are paid if insured persons go abroad expressly to receive treatment.	Yes	

3. Special conditions

3.1 Drugs

If a limit is imposed to combat misuse of a drug listed on the specialty list of the Federal Office of Public Health, no benefits will be paid from Basic Outpatient insurance for any amounts of the drug drawn in excess of the limit.

If the Federal Office of Public Health determines the maximum amount that can be paid for a drug by the obligatory health care insurance, any difference in the sales price will not be refunded by Basic Outpatient Insurance.

Benefits may also be reduced if prices are charged which are higher than usual in the branch (e.g. if such exceed the recommendations of the Federal Drug Commission) and/or if manufacturers modify prices. Visana can also proceed as in the foregoing in the case of excessive price margins on the part of physicians, pharmacists or institutions.

Such reductions can only be made when negotiations with manufacturers, physicians, pharmacists and institutions have been concluded without success.

3.2 Non-medical psychotherapy

Benefits are only paid for treatment by psychotherapists who are authorized as service providers for the obligatory health care insurance.

Until the provisions of the obligatory health care insurance concerning payment of benefits for treatment by non-medical psychotherapists take force, contributions will be paid as long as the therapy is provided by a psychotherapist who is recognized by Visana Insurance Ltd. Visana Insurance Ltd maintains a list of recognized psychotherapists that you are entitled to see and/or from which you may request an extract.

Once the provisions take force in the obligatory health care insurance these benefits will be excluded from Basic Outpatient insurance.

3.3 Aids and appliances

A guarantee of payment has to be requested from Visana Insurance Ltd for expensive, reusable aids and appliances (paragraph 8.1 GCC). Visana Insurance Ltd is entitled to issue such aids and appliances for use or to negotiate for such on behalf of the insured.

3.4 Home help and home nursing

Benefits are paid for routine household work as long as the assistance is medically prescribed and the work is performed

- by staff of a home nursing organization or
- by someone who is not closely related to the insured or
- by someone who does not live in the same household.

Close relatives are deemed to be partners in life, parents, children and their partners in life, their siblings and their partners in life

Contributions will also be paid if a close relative gives up or takes a break from gainful employment to nurse the insured. Contributions will be paid for home nursing if a stay in hospital or in a rehabilitation unit can be avoided or cut short by medically prescribed home nursing with suitably trained nursing staff.

3.5 Cost of travel

Benefits will be paid for cost of travel for special series of treatments that can only be carried out at certain treatment centers located some distance from the insured's residence (e.g. university clinics). In particular such include hemodialysis, treatment of paralysis, radiation therapy as a treatment for cancer. Costs are refunded on the basis of the cost of 2nd class travel with public transport or at a rate of CHF –.60 per km for private transport (including taxis).

3.6 Cost of rescue

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

3.7 Vacanza Travel Insurance

Vacanza Travel Insurance covers the costs incurred because of illness and accidents during travel abroad that are not otherwise covered for at most eight weeks per trip. The insurance is valid worldwide outside Switzerland. The insurance cover also includes on-the-spot service and legal protection insurance. The insurance cover is cancelled if the obligatory health care insurance terminates and/or if the insured moves his domicile abroad.

The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) FLIC 2014 for Vacanza Travel Insurance of Visana Insurance Ltd.

3.8 Assistance on-the-spot benefits

Visana Assistance on-the spot service offers advice and services in case of emergency in Switzerland Assistance is given 24 hours per day and mainly consists of organizing and coordinating the specific measures required.

The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) 2012 for the service benefits of «Visana Assistance CH» of Visana Insurance Ltd.

3.9 The following are integrated parts of the benefit components of Basic Outpatient:

GCC FLIC 2014 Vacanza Travel Insurance of Visana Insurance Ltd

GCC 2012 for the service benefits of «Visana Assistance CH» of Visana Insurance Ltd.

II Benefit components of Basic Complementary

The Supplementary Conditions constitute part of the insurance contract. You are expressly advised to take notice of the General Conditions of Contract for Basic Supplementary Health Insurance.

What can you insure for?

The following benefit components may be insured with Basic Complementary insurance: contributions to the cost of outpatient and stationary treatment using complementary forms of treatment, therapy and drugs.

1. General information

1.1 What are the conditions that have to be fulfilled

Benefits are paid from Basic Complementary for effective, expedient and economic drugs and methods of diagnosis and therapy used in the field of complementary medicine. Benefits will be paid solely in addition to those of the obligatory health care insurance. Proportions of costs which are covered by the obligatory health care insurance and participation in costs arising from the obligatory health care insurance are not insured by Basic Complementary insurance, whether the insured person has obligatory insurance or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred.

Benefits from Basic Complementary will be provided in Switzerland and in countries bordering on Switzerland (100 km from the Swiss border). The same contributions will be made for emergency treatment outside Switzerland if it is carried out by doctors and therapists recognized by the State.

Recognized service providers are deemed to be doctors with a federal diploma, recognized naturopaths and therapists. Under the term recognized naturopaths and therapists Visana Insurance Ltd understands persons who, for the form of complementary therapy or measure in question, fulfil the specific requirements for recognition established by Visana Insurance Ltd in cooperation with doctors and therapists for each form of therapy or measure.

Recognized forms of therapy are specified in a separate list which you can look at or request an excerpt from. It is also published on Visana's website. Visana Insurance Ltd reserves the right to modify this list as indicated in paragraph 7.1 of the GCC.

For the purposes of the preceding condition Visana Insurance Ltd maintains a list of recognized naturopaths and therapists, which you can view and/or from which you may request an extract.

2. Catalogue of benefits

Basic Complementary		Special Conditions
Maximum contribution per calendar year for all the following benefits in total	CHF 4'000.-	
Doctors (with a federal diploma) Forms of therapy on the list	90 %	
Naturopaths, other therapists ■ recognized by Visana Insurance Ltd: for the forms of therapy listed	90 %	
Drugs ■ medically prescribed ■ prescribed by naturopaths recognized by Visana Insurance Ltd	90 % 90 %	Paragraph 3.1

3. Special conditions

3.1 Drugs

Benefits will be provided for

- anthroposophic preparations
- biological preparations
- homeopathic preparations
- oligosolic preparations
- phytotherapeutic preparations
- serocytolic preparations

No contributions will be made for preparations on the List of Pharmaceutical Preparations Paid for by Insureds (LPPV) and

for preparations, which are declared and used as nutritional supplements.

3.2 Exclusions

No benefits will be provided for the following forms of treatment:

- Astrology
- Esoteric forms of therapy such as faith healing
- Distance healing
- Laying on of hands
- Magnetopathy
- Reiki

In addition, activities that mainly serve to promote well-being are not insured (e.g. yoga, tai-chi, aerobics, etc.)

III Benefit components of Basic Hospital

The Supplementary Conditions constitute part of the insurance contract. You are expressly advised to take notice of the General Conditions of Contract for Basic Supplementary Health Insurance.

What can you insure for?

You can insure for the following benefit components with Basic Hospital Insurance:

Cost of **hospitalization in an acute hospital** in Switzerland in the insured ward supplementary to the cover provided by the obligatory health care insurance.

Eight weeks cover by Vacanza Travel Insurance and by Assistance Insurance, which provides round the clock on-the-spot services in Switzerland.

What variants of Basic Hospital insurance are available?

The four variants of Basic Hospital insurance are as shown below:

- Basic Hospital general ward
- Basic Hospital semiprivate ward
- Basic Hospital, private ward, Europe
- Basic Hospital, private ward worldwide

Choice of levels of participation in costs

If cases of hospitalization in an acute hospital you pay one of the amounts listed below in participation per calendar year and in return you receive a reduction on premiums.

Possible participation in costs

- CHF 1,000.–
- CHF 2,000.–
- CHF 5,000.–
- CHF 10,000.–

The participation in costs chosen only applies to benefits for hospitalization in an acute hospital and is charged once per calendar year. One-tenth of the participation sum is charged per day of hospitalization in an acute hospital.

50% of the participation sum will be charged if individuals with private insurance accept treatment in the semiprivate ward. Insureds with private and semiprivate insurance are not required to pay the participation sum selected if treatment is given in the general ward.

In cases where hospitalization extends beyond the turn of the year, participation in the cost of hospitalization will be charged only once and be allotted proportionately to each year.

The participation sum may be contracted for or increased at the beginning of any month. If participation in costs is contracted for or increased in the course of a year, the amount is due in its entirety for the applicable calendar year.

A change to a lower category of participation in costs or cancellation of such is only possible at the end of a calendar year while observing a three-month period of notice. Such a change and/or cancellation of participation constitutes an increased level of insurance and is therefore subject to a risk assessment.

1. General information

1.1 What conditions have to be fulfilled?

Benefits are paid from Basic Hospital insurance for effective, suitable and economic methods of diagnosis and therapy and for the associated costs of meals and accommodation in acute hospitals in Switzerland. Cover is provided for hospitalization in acute hospitals abroad according to the category of insurance

if emergency treatment is required and if you do not go abroad expressly for the purpose of receiving treatment.

Benefits are provided on condition that hospitalization in an acute hospital is necessary (that means the diagnosis and the overall measures required justify hospitalization in an acute hospital) and will only be provided for the period in which a stay in an acute hospital is really necessary. Stays in psychiatric clinics for 180 days at most are deemed to be the same as hospitalization in acute hospitals. Further benefits for hospitalization in an acute hospital may be paid on the basis of an appropriate medical application for at most a further 180 days. On expiry of the 360 day period no further benefits will be paid for treatment in an acute hospital from Basic Hospital insurance.

Benefits will be paid solely in addition to those of the obligatory health care insurance. Costs which are covered by the obligatory health insurance and participation in costs arising from the obligatory insurance are not insured by Basic Hospital insurance, whether the obligatory insurance exists or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred.

1.2 Recognised hospitals in Switzerland

All institutions/wards under medical supervision that provide treatment of acute illnesses or inpatient rehabilitation, have the required qualified personnel, have the necessary medical equipment for the purpose and have not been explicitly excluded by Visana Insurance Ltd are considered to be recognised acute-care hospitals.

For general, semi-private or private hospital wards, Visana Insurance Ltd names the non-recognised institutions on its "Restrictions to the choice of hospital list". This list is continually being adjusted and can be seen on the Visana website or requested at the relevant office.

In emergencies, the benefits are provided in all Swiss acute-care hospitals.

2. Catalogue of benefits

2.1 What is insured?

The following costs are covered in the ward for which you are insured (general, semiprivate, private ward) during hospitalization (treatment and overnight stays in acute hospitals):

- Meals and accommodation
- Nursing
- Doctors' fees
- Diagnostic and therapeutic measures (medically prescribed)
- Drugs (medically prescribed)
- Anaesthetics, operating theatre

Vacanza Travel Insurance covers the costs incurred because of illness and accidents during travel abroad that are not otherwise covered for at most eight weeks per trip. The insurance is valid worldwide outside Switzerland. The insurance cover also includes on-the-spot service and legal protection insurance.

The insurance cover is cancelled if the obligatory health care insurance terminates and/or if the insured moves his domicile abroad. The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) FLIC 2014 for Vacanza Travel Insurance provided by Visana Insurance Ltd.

Visana Assistance on-the spot service offers advice and services in cases of emergency in Switzerland Assistance is given 24 hours per day and mainly consists of organizing and coordinating the specific measures required. The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) 2012 for the service benefits of «Visana Assistance CH» of Visana Insurance Ltd.

3. Special conditions

3.1 Applicable tariffs

Visana Insurance Ltd pays benefits within the framework of the agreed tariffs or the usual local tariff as the case may be.

3.2 Hospitalization of mother and child

If a mother and child are both hospitalized in an acute hospital during the child's first year of life, the only condition for benefits to be paid is that one or the other requires treatment in an acute hospital. Benefits will only be paid from either the mother's insurance or the child's insurance

3.3 Rooming-in

If a child aged between 2 and 14 requires stationary treatment in an acute hospital, Visana Insurance Ltd contributes the maximum sum of CHF 50.– per day from the child's insurance toward the cost of accommodation and meals for an accompanying person.

3.4 Non-insured ward in a hospital in Switzerland

Visana Insurance Ltd accepts the following costs for stays in a ward other than that for which the patient is insured after deduction of the benefits paid by the basic insurance:

Insured for	Stay in ward:	Benefits as a % age of the difference in costs
General ward	Semiprivate	50 %
	Private	30 %
Semiprivate	Private	70 %

3.5 Emergencies while abroad

If emergency treatment is required in an acute hospital while abroad and it would be impossible or unreasonable to expect the insured to travel back or be transferred to Switzerland, Visana Insurance Ltd pays the costs listed below after deduction of the benefits paid from the obligatory health care insurance:

Insured for	Stay in Europe (incl. States bordering the Mediterranean)	Outside Europe
general	40 % of the difference in costs	25 % of the difference in costs
semiprivate	70 % of the difference in costs	50 % of the difference in costs
private europe	100 % of the difference in costs	75 % of the difference in costs
private worldwide	100 % of the difference in costs	100 % of the difference in costs

Supplementary to the above full cover of costs is available for eight weeks per journey from Visana Travel Insurance.

3.6 Which countries are meant by the term Europe?

The European countries bordering on the Urals in the east, including the states bordering on the Mediterranean Sea, that is Egypt, Algeria, Israel, Lebanon, Libya, Morocco, Syria, Tunisia and Turkey.

The Canary Islands, Madeira, Iceland and Greenland are also included.

3.7 Exclusions

If the insured is hospitalized for an organ transplant (with the exception of skin and cornea transplants) no benefits will be paid from Basic Hospital insurance during the actual transplantation phase (cover is provided by the obligatory health care insurance). After the transplantation phase concludes the costs are covered under the applicable insurance.

Benefits for stationary dental treatment are only provided by Basic Hospital insurance if mandatory benefits are payable from the obligatory health care insurance.

Basic Hospital insurance does not cover shares of costs which have to be accepted by the canton of residence according to the Federal Law on Health Insurance.

3.8 Recognised hospitals in Switzerland for insurance taken out before 1/7/2017

In deviation from article 1.2, the following applies for contracts signed before 1/7/2017:

For the basic semi-private hospital benefits component, Visana Insurance Ltd maintains a "Restrictions to the choice of hospital list", showing which hospitals cannot be selected for inpatient treatment. You are obliged to only visit hospitals that are not mentioned on Visana Insurance Ltd's "Restrictions to the choice of hospital list". If you go to a hospital that is mentioned on Visana Insurance Ltd's "Restrictions to the choice of hospital list", only 50 % of the costs that are not covered by the obligatory health insurance will be compensated for in the event of an inpatient stay, except in cases of emergency hospitalisation. This "Restrictions to the choice of hospital list" is continually being adjusted and can be seen on the Visana website, or excerpts from it can be requested at the relevant office.

The restrictions specified by the "Restrictions to the choice of hospital list" do not apply to the basic general hospital or basic private hospital supplementary insurances.

If the insured hospital category is changed after 30/6/2017, the restrictions specified by the "Restrictions to the choice of hospital list" shall apply to the new contract for stays in all hospital wards. The definitive cut-off date is the date on which the insurance application is signed.

The following are integrated benefit components of Basic Hospital insurance:

- The Restrictions to the choice of hospital list
- GCC 2012 for Visana Assistance CH services provided by Visana Insurance Ltd
- GCC FLIC 2014 Visana Vacanza Travel Insurance provided by Visana Insurance Ltd