

# Supplementary Conditions (SC)

## Supplementary Health Insurance (FLIC)

### 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.

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 can be insured?

The following can be insured under the Hospital Supplementary Insurance for Cost of Treatment (in the following Hospital):

- The costs of Hospitalization in an acute Hospital in Switzerland** in the ward insured supplementary to the obligatory health insurance. 8 weeks Vacanza Travel Insurance as well as Assistance Insurance for emergency help round the clock throughout Switzerland are included in the insurance.
- Contributions for **health cures** and contributions for costs incurred during stays in **nonacute institutions** (institutions for addictive diseases, therapeutic communities) supplementary to the obligatory health insurance.
- The insurance for persons domiciled abroad.** Vacanza Travel Insurance emergency service is included in the insurance.
- Daily Hospitalization benefit**
- The supplementary insurance **Hospital Plus Hotel** for the cost of a 1-bed or 2-bed room for those insured in the general ward.

#### What variants can be insured under Hospital?

The 4 basic variants of Hospital are

- Hospital general
- Hospital semiprivate
- Hospital private europe
- Hospital private world

**Insurance for daily cash Hospitalization benefits** can be taken out separately or in combination with the 4 basic variants.

**Part B of the insurance Hospital** (cures, nonacute treatment) can only be taken out in conjunction with Part A (benefits for acute Hospitals).

**Part E, Hospital Plus Hotel**, is a supplementary insurance for those with insurance for the general ward and accepts the contractually agreed accommodation surcharge for a two-bed or one-bed room in Hospitals which have made appropriate contracts with Visana Insurance Ltd You can take out this insurance provided you are insured for the general ward in Hospital (obligatory health insurance and/or supplementary insurance Hospital General).

#### Without accident

Exclusion of accident risk.

Your premium is reduced.

#### Choice of participation in costs

In case of Hospitalization in an acute Hospital you pay one of the following participation amounts and your premiums are reduced.

Possible participation

CHF 1,000.— CHF 5,000.—

CHF 2,000.— CHF 10,000.—

The participation amount chosen applies only to benefits for Hospitalization in an acute Hospital and is charged once per calendar year. One tenth of the participation amount is charged per day of Hospitalization in an acute Hospital. 50 % of the participation is imposed if privately insured persons are treated in the semiprivate ward. Persons insured for the semiprivate and private wards do not pay the chosen participation amount if treatment takes place in the general ward.

If Hospitalization extends over a year-end, the participation amount is imposed only once for this stay and it is calculated proportionately for each year.

It is possible to contract for participation or raise the level of participation at the beginning of a month. The contracted or raised participation is calculated fully for a calendar year if the change is made during a year.

Change to lower participation or cancellation is only possible at the end of a calendar year while observing a three-month period of notice. This change or cancellation is equivalent to raising the level of insurance and involves a risk analysis.

#### 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 from the Hospital Supplementary 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 in the following year. If they receive no benefits from the Hospital insurance 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 hospital stay occur during different observation periods, the no-claims bonus is only cancelled for one year.

Insured persons who take out a new Hospital 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 benefits are received from the Hospital insurance in the meantime.

Insured persons who take out a new Hospital contract from the 1st of April onwards do not receive the no-claims bonus until the 1st of January in the year after next.

A no-claims bonus is not granted for the daily Hospital benefit insurance (D).

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.

No family discount is granted for the daily Hospital benefit insurance (D) or for Hospital Plus Hotel (E).

## **A Hospitalization in an acute Hospital**

### **1. Generalities**

#### **1.1 What conditions have to be fulfilled?**

Benefits from Hospital are paid for effective, suitable and economic measures for diagnosis and therapy and for the costs involved for accommodation and board in an acute Hospital in Switzerland. Hospitalization in acute Hospitals abroad is covered to the extent of the insurance variant existing if emergency treatment is required and you have not gone abroad expressly for treatment.

A prerequisite for benefits is that treatment in an acute Hospital is necessary (i.e. the diagnosis and the measures necessary justify the stay in an acute Hospital) and they will only be paid for the period during which Hospitalization is necessary. Stays in psychiatric clinics are counted as stays in an acute Hospital for at the most 180 days. On receipt of a medically substantiated application, benefits can be paid for a stay in an acute Hospital for a maximum of 180 days. After 360 days have expired, no further benefits for acute Hospitals are paid from Hospital. 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 Hospital, whether the obligatory

health insurance exists or not. In every case, at most only the actual costs incurred will be refunded.

#### **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?**

During a stay (treatment and overnight stay in an acute Hospital) the following costs are insured in the insured ward (general, semiprivate or private):

- Accommodation and board
- Nursing
- Doctors' fees
- Measures for diagnosis and therapy (prescribed by a doctor)
- Medicaments (prescribed by a doctor)
- Anesthetics, operating theater.

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 the 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.

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".

## **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**

Where during a child's first year mother and child are Hospitalized together in an acute Hospital the prerequisite for benefits to be paid for an acute Hospital is that one of both needs treatment in an acute Hospital. Benefits are only paid from either the mother's or the child's own 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 Noninsured ward 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	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 Exclusions from benefits

If the insured is hospitalized for an organ transplant (with the exception of skin and cornea transplants) no benefits will be paid from 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 Hospital insurance if mandatory benefits are payable from the obligatory health care insurance.

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.

### 3.7 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 semi-private hospital supplementary insurance, Visana Insurance Ltd maintains a "Restrictions to the choice of hospital list", showing which hospitals cannot be selected for inpatient treatment in a semi-private hospital ward. 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.

Transitional provision

For previously insured persons, the old list of hospitals with hospital categories A, B and C shall continue to be maintained for the time being. The restrictions specified by the "Restrictions to the choice of hospital list" do not apply to the general hospital or 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.

## B Health cures/Nonacute treatment

### 4. Generalities

#### 4.1 What conditions have to be fulfilled

Benefits are paid from Hospital for health cures and nonacute inpatient treatment if this is medically indicated and the institution chosen is suitable for the purpose. Benefits are paid exclusively in addition to those of the obligatory health insurance. Portions of costs covered by the obligatory health insurance as well as participation amounts for the obligatory health insurance are not insured by Hospital irrespective of whether obligatory health insurance exists or not. In every case, at most only the actual costs incurred will be reimbursed.

### 5. Catalogue of benefits

#### 5.1 What is insured?

Visana Insurance Ltd reimburses the daily rates listed for stays in the following institutions as a contribution to accommodation and board for the benefit period stipulated in each case.

Hospital	general	semi-private	private europe	private world	Special conditions
<b>Sanatoriums for persons with addictive illnesses</b> (according to cantonal Hospital planning) benefits period: 720 days within 900 days	CHF 50.–	CHF 90.–	CHF 140.–	CHF 140.–	
<b>Therapeutic community</b> (with cantonal authorization) benefits period: 360 days within 540 days	CHF 10.–	CHF 10.–	CHF 10.–	CHF 10.–	

Hospital	general	semi-private	private europe	private world	Special conditions
<b>Spa-cures</b> (health spas open to persons with obligatory health insurance) benefits period: max. 21 days per calendar year	CHF 50.–	CHF 75.–	CHF 100.–	CHF 100.–	para. 6.1
<b>Convalescence</b> period of benefits: max. 28 days per calendar year					para. 6.2
<ul style="list-style-type: none"> <li>■ medically supervised health spa recognized by Visana Insurance Ltd</li> <li>■ other suitable health spa</li> </ul>	CHF 50.– CHF 20.–	CHF 75.– CHF 30.–	CHF 100.– CHF 40.–	CHF 100.– CHF 40.–	

## 6. Special conditions

### 6.1 Health cures

Benefits are paid if the course of treatment takes place subsequent to intensive expedient outpatient treatment or if outpatient treatment is not suitable.

Benefits are only paid if a medical prescription for the course of treatment is sent in to Visana Insurance Ltd prior to the course of treatment and you receive a corresponding guarantee of payment (para. 8.1 GCC).

### 6.2 Convalescence

Benefits are paid if a stay in an acute Hospital can be avoided or shortened by the convalescence cure. Benefits are only paid if a medical prescription for the convalescence cure is sent in to Visana Insurance Ltd prior to the cure and you receive a corresponding guarantee of payment (para. 8.1 GCC).

Visana Insurance Ltd maintains a list of recognized medically supervised health spas. This list can be viewed or extracts from it requested.

### 6.3 Exclusion from benefits

No benefits are paid for treatment carried out abroad.

## C Insurance for persons domiciled abroad

### 7. Generalities

#### 7.1 Benefits paid abroad

Insurance can be taken out for 3 regions:

Region 1: World without North America, Europe incl. States bordering the Medi- terranean, Australia, Japan, Hong Kong and Singapore

Region 2: World without USA and Canada (North America)

Region 3: Whole world.

Benefits from Hospital are provided for effective, expedient and economic measures for diagnosis and therapy and for the costs involved for board and accommodation in acute Hospitals in Switzerland and the region chosen. Stays in acute Hospitals outside the region are covered if emergency treatment is involved and the insured person has not left the chosen region for purpose of treatment. A prerequisite for benefits is that treatment in an acute Hospital is necessary (i.e. the diagnosis and the measures necessary justify the stay in an acute Hospital) and they will only be paid for the period during which Hospitalization is necessary. Stays in psychiatric clinics are counted as stays in an acute Hospital for at the most 180 days. On receipt of a medically substantiated application, benefits can be paid for a stay in an acute Hospital for a maximum of 180 days. After 360 days have expired, no further benefits for acute Hospitals are paid from Hospital. 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 the insurance for persons domiciled abroad whether the obligatory health insurance exists or not. In every case, at most only the actual costs incurred will be refunded. Contrary to the GCC for Visana Travel Insurance, you are entitled to claim the services of Visana Travel Insurance's emergency service without limit outside a radius of 150 km from your domicile during your stay abroad.

## 8. Catalogue of benefits

### 8.1 Stay in an acute Hospital

During a stay (treatment and overnight stay in an acute Hospital) the following costs are insured):

- Accommodation and board
- Nursing
- Doctors' fees
- Measures for diagnosis and therapy (prescribed by a doctor)
- Medicaments (prescribed by a doctor)
- Anesthetics, operating theater.

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. Contrary to the conditions of the GCC of Vacanza Travel Insurance the insurance is valid outside the region insured worldwide but only for the cost of Hospitalization.

The scope of benefits can be taken from the General Conditions of Contract (GCC) FLIC 2014 for Visana Insurance Ltd's Vacanza Travel Insurance.

### 8.2 Sanatoriums for addictive illnesses

A daily contribution of CHF 140.– for the cost of accommodation and board for 180 days within 360 days. Benefits will only be provided if treatment takes place in a sanatorium incorporated in the cantonal Hospital planning.

### 8.3 Spa-cures

Daily contributions of CHF 100.– for a maximum of 21 days per calendar year.

Benefits are paid if the course of treatment in a health spa takes place subsequent to intensive expedient outpatient treatment or if outpatient treatment is unsuitable.

Benefits are only paid if a medical prescription for the course of treatment is sent in to Visana Insurance Ltd prior to the course of treatment and you receive a corresponding guarantee of payment (para. 8.1 GCC).

### 8.4 Convalescence

Daily contributions of CHF 100.– for a maximum of 28 days per calendar year for stays in medically supervised health spas. Benefits are paid if a stay in an acute Hospital can be avoided or shortened by the convalescence cure.

Benefits are only paid if a medical prescription for the convalescence cure is sent in to Visana Insurance Ltd prior to the cure

and you receive a corresponding guarantee of payment (para. 8.1 GCC).

## 9. Special conditions

### 9.1 Hospitalization of mother and child

Where during a child's first year mother and child are Hospitalized together in an acute Hospital the prerequisite for benefits to be paid for an acute Hospital is that one of both needs treat-

ment in an acute Hospital. Benefits are only paid from either the mother's or the child's own insurance.

### 9.2 Rooming-in

If a child aged between 2 and 14 requires inpatient 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.

### 9.3 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 region 1	Stay in region 2	Stay in region 3
<b>Region 1:</b> World without North America, Europe incl. States bordering the Mediterranean, Australia, Japan, Hong Kong and Singapore	100 % of the difference in costs	75 % of the difference in costs	50 % of the difference in costs
<b>Region 2:</b> World without USA and Canada (North America)	100 % of the difference in costs	100 % of the difference in costs	75 % of the difference in costs
<b>Region 3:</b> Whole world	100 % of the difference in costs	100 % of the difference in costs	100 % of the difference in costs

**In addition to the above full cover in Hospital from Vacanza Travel Insurance for a total of eight weeks per journey.**

### 9.4 Exclusion from benefits

Dental treatment is only insured under Hospital provided that benefits are due from the Swiss obligatory health insurance.

## D Daily Hospitalization benefit (formerly Grütli Hospital supplement – private ward)

## 10. Generalities

### 10.1 What conditions have to be fulfilled?

Benefits from the Daily Benefits insurance are provided for the cost of inpatient treatment in acute Hospitals and institutions for nonacute treatment (sanatoriums for addictive illnesses, therapeutic communities) provided these are medically indicated (i. e. the diagnosis and the entirety of the measures necessary justify the stay in an acute Hospital or the institution chosen) and that the acute Hospital or the institution is suitable for the purpose. Stays in psychiatric clinics are viewed as stays in acute Hospitals for at most 180 days. On receipt of a medical-

ly substantiated application benefits for a stay in an acute Hospital can be paid for a maximum of 180 days. After 360-days have expired no further benefits for acute Hospitals are paid from insurance for Daily Benefits.

Visana Insurance Ltd recognizes institutions/wards as acute Hospitals which serve for treatment of acute illnesses or inpatient rehabilitation, are under medical supervision and which dispose of the necessary specialized personnel and the appropriate requisite medical facilities.

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 Hospital, whether the obligatory health insurance exists or not. In every case, at most only the actual costs incurred will be refunded.

Benefits are provided in Switzerland. Benefits are paid abroad for emergency stays in a foreign acute Hospital provided and as long as travel home or repatriation to Switzerland, as the case may be, is not possible or cannot be reasonably expected.

## 11. Catalogue of benefits

The insurable daily Hospital benefit is:

Minimum daily Hospital benefit	Supplementary daily benefit in increments of	Maximum daily Hospital benefit
CHF 5.–	CHF 5.–	CHF 250.–

The amount and duration of benefits are:

Hospital or institution	Amount of daily benefit in % of the insured sum	Duration of benefits
Acute Hospital	100 %	720 days within 900 consecutive days
Institutions for nonacute treatment	50 %	360 days within 540 consecutive days
Spa-cures in a health-spa open to persons insured under obligatory health insurance	50 %, maximum CHF 50.–	21 days per calendar year
Convalescent cures in a medically supervised health-spa recognized by Visana Insurance Ltd	50 %, maximum CHF 50.–	28 days per calendar year

## 12. Special conditions

### 12.1 Exhaustion of duration of benefits

After exhaustion of the duration of the benefit in an acute Hospital or institute for nonacute treatment the insurance ceases automatically. Exhaustion of the duration of benefits cannot be hindered by waiving benefits.

### 12.2 Spa-cures

Benefits are paid if the course of treatment takes place subsequent to intensive expedient outpatient treatment or if outpatient treatment is not suitable.

Benefits are only paid if a medical prescription for the spa-cure is sent in to Visana Insurance Ltd prior to the cure and you receive a corresponding guarantee of payment (para. 8.1 GCC).

### 12.3 Convalescence

Benefits are paid if a stay in an acute Hospital can be avoided or shortened by the convalescence cure.

Benefits are only paid if a medical prescription for the convalescence cure is sent in to Visana Insurance Ltd prior to the cure and you receive a corresponding guarantee of payment (para. 8.1 GCC). Visana Insurance Ltd maintains a list of medically supervised health spas which it recognizes.

This list can be viewed or extracts from it can be obtained.

## E Hospital Plus Hotel

## 13. Generalities

### 13.1 What conditions have to be fulfilled?

Benefits from the insurance Hospital Plus Hotel are provided for stays in Hospitals which have concluded a contract for Hospitalization of persons insured for the general ward in a 1- or 2-bed room and which are listed on Visana Insurance Ltd's Hospital list Hospital Plus Hotel. This list of Hospitals Hospital Plus Hotel is being continually modified and can be seen at the responsible agency or extracts from it can be requested. The list of Hospitals Hospital Plus Hotel forms an integral part of the Supplementary Insurance for Cost of Treatment Hospital.

A prerequisite for reimbursement of the insured hotel surcharges or, as the case may be, daily Hospitalization benefit is inpatient treatment which fulfills the conditions for benefits from the obligatory health insurance and/or the supplementary insurance Hospital GENERAL.

## 14. Catalogue of benefits

### 14.1 What is insured?

The surcharge for a one-bed or two-bed room in a Hospital on Visana's Hospital list Hospital Plus Hotel is insured, depending on the variant chosen:

- for 30 days per calendar year
- for an unlimited time.

If the contracted Hospital is unable to offer a one-bed or two-bed room Visana Insurance Ltd pays the following daily Hospital benefit commencing from the third day:

Insurance variant	Daily Hospitalization benefits
Two-bed room unlimited time	CHF 50.–/day (maximum sum per calendar year: CHF 1,000.–)
Two-bed room 30 days/calendar year	CHF 50.–/day (maximum sum per calendar year: CHF 500.–)
One-bed room unlimited time	CHF 75.–/day (maximum sum per calendar year: CHF 1,500.–)
One-bed room 30 days/calendar year	CHF 75.–/day (maximum sum per calendar year: CHF 750.–)

If you have taken out insurance for a one-bed room and are Hospitalized in a contracted Hospital in a two-bed room you receive a daily benefit of CHF 25.–, commencing on the third day in Hospital. The maximum sum per calendar year is CHF 500.– for the variant with cover for an unlimited duration and CHF 250.– for the variant with cover for 30 days.

## 15. Special conditions

### 15.1 What is not insured?

No treatment costs are paid from Hospital Plus Hotel. Costs charged in the semiprivate or private wards according to tariffs and agreements for semiprivate and private insurance are likewise not insured. No benefits are paid for Hospitalization in Hospitals which have not made a contract with Visana Insurance Ltd for surcharges for rooms for persons insured in the general ward.

**Integrated components of the Supplementary Insurance for Cost of Treatment Hospital are:**

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