

Supplementary Conditions (SC) Supplementary Health Insurance (FLIC/MVG) Dental 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.

The Supplementary conditions constitute part of the insurance contract. You are expressly advised to take notice of the General Conditions of Contract for the various types of supplementary health insurance.

What are you insured for?

Supplementary Insurance for cost of Dental Treatment provides the following cover:

Contributions to dental treatment supplementary to those paid by the obligatory health insurance.

What options are available in dental treatment insurance:

The following classes of insurance are available:

Class	Benefits in % of costs	Maximum benefits per calendar year
1	25 %	CHF 100.–
2	50 %	CHF 200.–
3	50 %	CHF 600.–
4	75 %	CHF 600.–
5	50 %	CHF 1'200.–
6	75 %	CHF 1'200.–
7	75 %	CHF 1'500.–
8	75%	CHF 1'800.–
9	75 %	CHF 3'000.–
10	75 %	CHF 5'000.–

Dental treatment insurance can only be taken out if the insured's teeth have been restored and no further treatment is foreseen at the time the contract is concluded.

Classes 1 and 2 are maintained as a closed category for all insureds who took out this cover with Visana Insurance Ltd as of 31.12.2001.

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.

1. General information

1.1 What conditions have to be fulfilled?

Benefits are provided from the dental treatment Insurance for economical, medically indicated dental treatment carried out by a dentist authorized to provide services under the conditions of the obligatory health insurance.

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

Visana Insurance Ltd reimburses insureds in line with the usual local tariffs for dental treatment. Benefits will only be paid for treatment received in Switzerland.

2. Catalogue of benefits

2.1 What is insured?

Costs for treatment and materials, including the dental technician's services, for the following treatment:

- Dental check-up, including dental hygiene
- Treatment to preserve teeth
- Maxillary orthopedic and orthodontic treatment (correction of malpositioned teeth)
- Dental prosthetics
- Treatment of parodontosis

No benefits are available for tooth care products.

3. Special conditions

3.1 Qualifying periods

Benefits for the treatment listed below will only be provided when the qualifying period stated below elapses; the qualifying period begins when the insurance commences:

Treatment	Qualifying period (calculated from the commencement of the insurance)
Treatment to preserve teeth	6 months
Treatment of parodontosis	6 months
Prosthetics	18 months
	18 months

Treatment	Qualifying period (calculated from the commencement of the insurance)
Maxillary orthopedic and orthodontic treatment Substitution of amalgam	24 months

In the case of a change to a higher category of insurance the qualifying period for the difference between the former category and the higher category of insurance begins when the increase in insurance cover commences.

3.2 Exclusions

No benefits will be provided for treatment to repair teeth damaged in accidents (cover is provided by the obligatory insurance, FLHI/KVG, UVG [accident insurance]).

No insurance cover is provided for pre-existing conditions such as disease of the jaw and jaw malformation that exist when the insurance is taken out. No insurance cover is provided for measures to replace teeth missing when the insurance is taken out. No insurance is provided for cosmetic treatment.

4. Special conditions

Which special conditions apply to insurance contracts that were concluded with persons insured with Visana on 1.1.1997 based on the health insurance legislation (Art. 102 FLHI) who already had a supplementary insurance in conformity with the FLHI on 31.12.96 ?

The special conditions that follow apply exclusively to contracts that were offered by Visana on 1.1.1997 based on Art. 102 FLHI.

New contracts and increases in insurance after 1.1.1997 are not regulated by these special conditions.

Special conditions relevant to para. 3.2 Exclusions

Determinant for the exclusions to the insurance established in section 3.2 para. 2 is the date the type E dental treatment insurance or the type G dental insurance that existed on 31.12.1996 was concluded.