

Supplementary Conditions (SC) Supplementary Health Insurance (FLIC/MVG) Hospital Flex Plus

Note:

- For reasons of readability only the male pronoun is used.

These Supplementary Conditions constitute part of the insurance contract. The General Conditions of Contract for Visana supplementary health insurances apply.

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

Benefits shall be paid solely as a supplement to those of the compulsory health insurance. Cost components that are covered by compulsory health insurance and deductibles from compulsory health insurance are not insured by Hospital Flex Plus, regardless of whether the compulsory insurance is in place or not. In all cases, no more than the costs actually incurred shall be refunded.

1.1 Prerequisites

The supplementary health insurance Hospital Flex Plus is an indemnity insurance.

Benefits are paid from Hospital Flex Plus for effective, suitable and cost-efficient diagnostic and therapeutic measures and for the associated costs of accommodation and board at the acute-care hospitals in Switzerland recognised by Visana.

Benefits are provided on the condition that hospitalisation in an acute hospital is necessary (i.e. the diagnosis and the required measures as a whole justify the stay at an acute-care hospital) and will only be provided for the period in which a stay at such a facility is necessary.

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, semiprivate 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.

1.3 Recognised hospitals abroad

Visana Insurance Ltd specifies the recognised hospitals abroad on its list of hospitals abroad. At these hospitals, persons insured with Visana can undergo purposeful plannable treatments, so-called elective treatments. In emergencies, the benefits are provided in all acute-care hospitals abroad.

The contractually arranged participation in costs (see paragraph 2.1 below) is due in the event of plannable treatments or emergencies abroad. If the submitted documents and receipts do not make it possible to determine which ward the insured person was treated in, Visana shall pay the benefits that correspond to a private ward at the insured person's place of residence in Switzerland, with the associated arranged participation in costs.

2. Participation in costs

2.1 Choice of hospital ward

You decide which ward you wish to be treated in, no later than upon admission to hospital. No participation in costs is required for benefits in the general ward. In the semiprivate or private ward, you are required to pay the following participation in costs:

Semiprivate ward:

20%, max. CHF 2,000.– per calendar year

Private ward:

35%, max. CHF 4,000.– per calendar year

2.2 Modification of participation in costs

If the value of the co-payment demonstrably decreases to a significant extent (inflation), Visana Insurance Ltd increases the maximum co-payments on the first day of the next insurance period. The increase added reflects the change in the national consumer price index (LIK). A significant decrease in the value of the co-payment occurs if the LIK has risen by at least 25%. The baseline is January 2018. Visana Insurance Ltd shall give notice of the new conditions of insurance no later than 30 days before they come into force. If the co-payment is realised on the basis, and in the context of this article (Art. 2.2), this adjustment does not entitle you to cancel the contract.

2.3 Maternity

Participation in costs is also levied for benefits during pregnancy.

3. Catalogue of benefits

3.1 What is insured?

During a hospital stay (treatment and overnight stay at an acute-care hospital), the following costs in the selected ward (general, semiprivate or private) are covered:

- Accommodation and board
- Nursing
- Physicians' fees
- Diagnostic and therapeutic measures (prescribed by a physician)
- Medication (prescribed by a physician)
- Anaesthesia and use of operating theatre

Vacanza travel insurance also provides cover for a total of eight weeks per trip.

Accident cover

Accident risk can be excluded.

3.2 Additional benefits

	Scope of benefits	Special conditions
Balneotherapy and convalescence cures	Max. CHF 80.– per day, max. CHF 2,000.– per calendar year	For accommodation and board at a recognised health resort. Benefits will be paid, provided that such treatment is medically indicated and that the chosen institution is suitable for the purpose. In all cases, no more than the costs actually incurred shall be refunded. Benefits shall only be paid if you submit a physician's prescription for such treatment to Visana Insurance Ltd before going to the health resort and Visana Insurance Ltd provides you with a corresponding confirmation of cost coverage (paragraph 8.1 GCC). Visana Insurance Ltd maintains a list of the medically supervised health resorts that it recognises. You can view this list or obtain excerpts from it.
Fixed payment for birth	CHF 1,500.– per birth	For an outpatient birth at a birthing centre or at home, Visana Insurance Ltd shall pay the specified one-off maximum amount (also in the event of a multiple birth) without requiring evidence of costs.
Rooming-in	Max. CHF 80.– per day, max. CHF 2,000.– per calendar year	If a minor, insured with Visana, stays at an acute-care hospital as an inpatient, Visana shall contribute the specified sum from the child's insurance, towards the cost of accommodation and board for an accompanying person.
Hospitalisation for rehabilitation	Max. 90 days per calendar year	Costs of treatment, accommodation and board pertaining to an inpatient rehabilitation stay in a general, semiprivate or private ward at rehabilitation clinics that are service providers as per paragraph 1.2 at the time of treatment.
Hospitalisation in psychiatric clinics	Max. 90 days per calendar year	Stays at psychiatric clinics lasting a maximum of 90 days per calendar year are deemed to be the same as stays at acute-care hospitals. On expiry of the 90-day period, no further acute-care hospital benefits will be paid from Hospital Flex Plus.
Emergencies while abroad	100%	For hospitalisation in acute-care hospitals abroad if emergency treatment is required and if travelling home or a transfer to Switzerland is impossible or infeasible.
Elective treatments abroad	100%	For purposeful treatments abroad. For general, semiprivate and private hospital wards, Visana Insurance Ltd names the recognised institutions on its list of hospitals abroad.

3.3 Immediate assistance in emergencies

- a)** In Switzerland
The Visana immediate assistance service (phone: 0848 848 855) offers advice and other measures in the event of emergencies in Switzerland. This assistance is provided around the clock and mainly encompasses the organisation and coordination of necessary measures.
The scope of service and the conditions are derived from the General Conditions of Contract (GCC) 2012 for the "Visana Assistance CH" services of Visana Insurance Ltd.
- b)** Abroad
Among other things, Vacanza travel insurance encompasses an immediate assistance service (phone: 0848 848 855). This insurance applies worldwide outside Switzerland.
The scope of service is derived from the General Conditions of Contract (GCC) 2022 as per FLIC/VVG for Visana Vacanza travel insurance of Visana Insurance Ltd. This insurance cover no longer applies upon cessation of compulsory health insurance and/or if the insured person's domicile is moved abroad.

4. Special conditions

4.1 What age groups apply?

In deviation from art. 7.2 of the General Conditions of Contract for supplementary health insurance as per IPA/VVG, the following age groups apply:

- 0 - 15
- 16 - 20
- 21 - 27
- 28 - 30
- From the age of 31, rates are divided into 5-year groups (31 - 35, 36 - 40 etc.).
- The last age group is reached upon turning 81

4.2 Applicable rates

Visana Insurance Ltd provides benefits within the scope of the rates that it has agreed to or those that are normal at the respective location.

4.3 Application for insurance

Visana Insurance Ltd checks the application and can carry out a risk assessment upon any application for new or increased insurance cover. The same applies to the inclusion of accident risk.

4.4 Exclusions

If the insured is hospitalised for an organ transplant (with the exception of skin and cornea transplants) no benefits will be paid from Hospital Flex Plus during the actual transplantation phase (cover will be provided by the compulsory health insurance). For the recipient, the transplantation phase begins with the inpatient treatment upon admission to hospital for transplantation (or on the day of implantation, in cases of hospitalisation in which the transplantation was not a certainty upon admission to hospital) and lasts until discharge, or until transfer to the rehabilitation phase, or (upon continuation of an inpatient stay) until treatment of another underlying complaint. After the actual transplantation phase concludes, the costs are covered under the conditions of Hospital Flex Plus.

Inpatient dental treatments are only insured by Hospital Flex Plus if mandatory benefits are payable from the compulsory health insurance.

Hospital Flex Plus does not cover cost components that have to be covered by the canton of residence in accordance with the Health Insurance Act.

4.5 No-claims bonus

- a)** Each insured person can receive a one-off annual bonus payment if Visana Insurance Ltd has not paid any of the insurance benefits that would be due in accordance with these Supplementary Conditions during the observation period.
- b)** The observation period is the period running from the beginning of September to the end of August in the last two consecutive years for which the insured person has taken out Hospital Flex Plus.
- c)** If Hospital Flex Plus has been taken out for the first time, Visana may provide for shorter observation periods.
- d)** The amount of the bonus payment is determined each year by Visana, based on the level of performance of the Flex Plus supplementary hospital insurance product. Payment takes place provided the performance of the product in the last completed financial year during the observation period does not breach the limit calculated in accordance with the technical principles. No bonus payment is guaranteed, as no bonus formation component is calculated in the premium.
- e)** The no-claims bonus will be paid out in the calendar year following the observation period, provided the insured person still has Hospital Flex Plus insurance with Visana on the 1st of January of the same calendar year. The insured person will be informed in writing about their entitlement and the individual bonus amount.

The following are integral components of the Hospital Flex Plus supplementary insurance for medical costs:

- Restrictions to the choice of hospital list
- GCC 2012 for the Visana Assistance CH services of Visana Insurance Ltd
- GCC 2022 as per FLIC/VVG for Visana Vacanza travel insurance of Visana Insurance Ltd