

Supplementary Conditions (SC)

Top-up Health Insurance (FLIC/WVG)

Visana Managed Care Hospital Flex

Note:

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

The Supplementary Conditions constitute part of the insurance contract. The General Terms and Conditions of Contract of Managed Care Top-up Insurance also apply.

What can you insure for?

Insurance cover can be taken out for the following risks by means of Managed Care Hospital Flex Top-up Insurance for Cost of Treatment (herein Managed Care Hospital Flex):

- A.** Cost of hospitalization in an **acute hospital in Switzerland with a free choice of hospital ward (Managed Care Hospital Flex)** supplementary to the cover provided by the obligatory health care insurance. Eight weeks cover by Vacanza Travel Insurance and the Assistance insurance which provides round the clock on-the-spot services in Switzerland.
- B.** Contributions to spa cures and to the cost of stays in institutions specializing in treatment of nonacute illnesses (hospitals for addictive illnesses, therapeutic communities) supplementary to the cover provided by the obligatory health care insurance.

You may choose Managed Care Hospital Flex top-up insurance provided you have already taken out the obligatory health care insurance in the form of a Managed Care insurance.

If Managed Care basic insurance ends, Managed Care Hospital Flex will also be terminated at the same time. In this case you are able to contract for insurance providing the corresponding cover with Visana Insurance Ltd without the necessity of a risk assessment. You can exercise your right to continue your insurance with Visana Insurance Ltd by applying within one month of the termination of the Managed Care basic insurance. Visana Insurance Ltd is not obliged to approve applications for insurance which are submitted late.

You undertake to claim the insured benefits only after consulting the Managed Care doctor and under his/her direction, and in return you receive a reduction on premiums. Managed Care doctors are defined as doctors who on behalf of Visana Insurance Ltd practice under the insurance form offering a restricted choice of service providers under the provisions of the Federal Law on Health Insurance. If the telemedical Managed Care model is selected, the provider of the telemedical service is deemed to be the Managed Care doctor. The telemedical Managed Care doctor is contacted by phone.

If a benefit is claimed that is not prescribed by the Managed Care doctor, 60% of the sums indicated in the catalogue of benefits will be accepted by the insurance

Accident cover

Accident cover is included in Managed Care Hospital Flex insurance.

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 top-up 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 Hospitalization in an acute hospital

1. General information

Benefits will be paid solely in addition to those of the obligatory health care insurance. Shares 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 Managed Care Hospital Flex, whether the obligatory insurance exists or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred.

1.1 Conditions

The top-up health insurance Managed Care Hospital Flex is an indemnity insurance.

Benefits are paid from Managed Care Hospital Flex insurance for effective, suitable and economic methods of diagnosis and therapy and for the associated costs of meals and accommodation in the acute hospitals in Switzerland recognized by Visana.

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 such a facility is necessary.

1.2 Recognized hospitals

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 cases of emergency benefits will be paid for treatment in all acute hospitals in Switzerland.

1.3 Hospitalization in psychiatric clinics

Stays lasting a maximum of 180 days in psychiatric clinics 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 a further 180 days at most. On expiry of the 360 day period no further benefits will be paid for treatment in an acute hospital from Managed Care Hospital Flex insurance.

1.4 Emergencies while abroad

Cover is provided for hospitalization in acute hospitals abroad if emergency treatment is required and if you do not go abroad expressly for the purpose of receiving treatment.

1.5 Choice of hospital ward

You can decide which ward you wish to be treated in at the latest when you are admitted to hospital. No participation in costs is required for treatment in the general ward; if you are treated in the semiprivate or private ward you have to pay the participation in costs you have selected.

2. Participation in costs

2.1 Variants of participation in costs available

When you conclude the insurance contract you select one of the following variants of participation in costs.

	Hospital ward selected on admission:	Maximum participation per calendar year:
Variant 2/4	General ward	None
	Semiprivate	CHF 2,000.–
	Private	CHF 4,000.–
Variant 4/8	General ward	None
	Semiprivate	CHF 4,000.–
	Private	CHF 8,000.–

If you are hospitalized in both the semiprivate and private ward for treatment during the same calendar year, the highest payable participation in costs is equivalent to the maximum amount due for the private ward.

2.2 Modification of participation in costs

Visana Insurance Ltd can increase the maximum amount due for participation in costs on the first day of the next insurance period while taking into consideration the development of costs in the health sector. Visana Insurance Ltd gives notice of new conditions of insurance 30 days before these come into force at the latest. You are then entitled to cancel the Managed Care Hospital Flex contract at the end of the current calendar semester. To be valid notice of cancellation must be received by Visana Insurance Ltd at the latest on the last working day of the calendar semester. If you do not serve such notice to cancel the insurance, it is assumed you agree with the changes.

2.3 Maximum participation in costs for families

If two or more members of a family who live in the same household have Managed Care Hospital Flex insurance, amounts paid in participation in costs that exceed the maximum amount due in a calendar year may be reclaimed. The maximum amount is equivalent to the highest level of participation in

costs selected. This rule also applies to people living in unmarried cohabitation.

2.4 Cases of hospitalization overlapping more than one year

Participation in costs shall only be levied once in the case of an uninterrupted period of hospitalization extending at most 30 days beyond the end of the year. As a rule the participation in costs will be allotted to the calendar year in which the hospitalization period commenced. If the share in costs incurred in the first year is less than the participation in costs selected, the remainder of the participation in costs will be allotted to the new calendar year and be levied in that year. If the participation in costs was already charged in full in the old calendar year for an earlier stay in hospital, any further participation in costs will only be counted entirely to the new calendar year.

2.5 Changing the variant of participation in costs within a year

The variant of participation in costs may be changed at the beginning of any month. The participation in costs paid since the beginning of the calendar year will be credited to the insured person.

Applications to change to a lower participation in costs at the end of a calendar year may be made but only while observing a three-month period of notice.

2.6 Maternity

Participation in costs is also levied for treatment during pregnancy.

3. Catalogue of benefits

3.1 What is insured?

The following costs are covered in the ward which you select (general, semiprivate, private ward) if you are admitted to hospital (treatment and overnight stays in acute hospitals):

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

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 canceled 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 for Vacanza Travel Insurance provided by Visana Insurance Ltd. Visana Assistance on-the-spot service offers advice and services in emergencies 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) for the service benefits of "Visana Assistance CH" of Visana Insurance Ltd.

4. Special conditions

4.1 Applicable tariffs

Visana Insurance Ltd provides benefits within the scope of the tariffs for which the company has contracted and/or according to the tariffs applicable at a reference hospital determined by Visana.

4.2 Application for insurance

Visana Insurance Ltd checks the proposal and can carry out a risk assessment for each application for new, increased or lower insurance.

4.3 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.

4.4 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.

4.5 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 on the Mediterranean Sea)	Outside Europe
Managed Care Hospital Flex	50% of the difference in costs	35% of the difference in costs

In addition to the above, full cover for a total of eight weeks per trip is provided by Vacanza Travel Insurance.

4.6 Exclusions

If the insured is hospitalized for an organ transplant (with the exception of skin and cornea transplants) no benefits will be paid from Managed Care Hospital Flex 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 conditions of Managed Care Hospital Flex insurance.

Benefits for stationary dental treatment are only provided by Managed Care Hospital Flex insurance if mandatory benefits are payable from the obligatory health care insurance. Managed Care Hospital Flex insurance does not cover shares of costs which have to be accepted by the canton of residence in accordance with the Federal Law on Health Insurance.

4.7 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:

Hospitals mentioned on the "Restrictions to the choice of hospital list" for semi-private wards are excluded from the scope of benefits. This list is continually being adjusted and can be seen on the Visana website, or excerpts from it can be requested at the relevant office.

B Cures/Nonacute treatment

5. General information

5.1 What conditions have to be fulfilled?

Benefits will be paid from Managed Care Hospital Flex insurance for spa cures and nonacute stationary treatment provided such treatment is medically indicated and that the medical facil-

ity chosen is suitable for the purpose. Benefits will be paid solely in addition to those of the obligatory health care insurance. Shares 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 Managed Care Hospital Flex, whether the obligatory insurance exists or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred.

6. Catalogue of benefits

6.1 What is insured?

During stays in the facilities listed below, Visana Insurance Ltd pays the daily rates shown as a contribution to meals and accommodation and for the period indicated in each case.

	Managed Care Hospital Flex	Special conditions
Sanatoriums for persons with additive illnesses (according to cantonal hospital planning) benefits period: 720 days within 900 days	CHF 50.–	
Therapeutic communities (with cantonal authorization) benefits period: 360 days within 540 days	CHF 10.–	
Spa-cures (health spas open to persons with obligatory health insurance) benefits period: a maximum of 21 days per calendar year	CHF 50.–	Paragraph 7.1
Convalescence cures benefits period: a maximum of 28 days per calendar year <ul style="list-style-type: none"> ▪ medically supervised health spa recognized by Visana Insurance Ltd ▪ other suitable health spa 	CHF 50.– CHF 20.–	Paragraph 7.2

7. Special conditions

7.1 What age groups apply?

In deviation from art. 7.2 of the General Conditions of Insurance for top-up health insurance Visana Managed Care (FLIC), the last age group is reached upon turning 71.

7.2 Spa cures

Benefits will be paid if suitable intensive outpatient treatment is carried out prior to the cure or if outpatient treatment is inadequate for the purpose.

Contributions will only be made if you submit a medical prescription for the cure to Visana Insurance Ltd in advance and if Visana Insurance Ltd issues a corresponding guarantee of payment (paragraph 8.1 GCC).

7.3 Convalescence cures

Benefits will be paid if the hospitalization period in an acute hospital can be reduced or avoided entirely by means of the convalescent cure.

Contributions will only be made if you submit a medical prescription for the cure to Visana Insurance Ltd in advance and if Visana Insurance Ltd issues a corresponding guarantee of payment (paragraph 8.1 GCC). Visana Insurance Ltd maintains a

list of recognized medically supervised kurhauses. You may see this list or request an extract from it.

7.4 Exclusions

No benefits will be provided for treatment abroad.

The following are an integrated part of Managed Care Hospital Flex Top-up Insurance for Cost of Treatment:

- The Restrictions to the choice of hospital list
- GCC 2012 for the service benefits provided by "Visana Assistance CH" of Visana Insurance Ltd.
- GCC FLIC 2022 Vacanza Travel Insurance of Visana Insurance Ltd