

Supplementary insurance

FLEXIMA

Special conditions
Version 2008

All references to persons in this document apply to both genders.

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I Scope of insurance

Art. 1 Extent of coverage

The present supplementary insurance covers additional treatment and accommodation expenses that are not covered by LAMal compulsory health insurance for stays in a public or private hospital. Hospitalization benefits are only granted for expenses that are necessary for medical reasons and on condition that the treatment is effective, appropriate and economical.

Art. 2 Choice of the hospital

- 2.1 With the exception of emergencies, the insured is free to choose a public or private hospital from the list of hospitals recognized by a canton (canton planning).
- 2.2 The insured must select a hospital and a ward that are suited to the type of care he or she needs.

Art. 3 Choice of hospital accommodation

The insured has the flexibility to choose the ward in which he (she) wishes to be hospitalized. However, the insured must state in writing, at the latest at the time of admission to hospital, whether he (she) selects accommodation in the private (room with one bed) or semi-private ward (room with more than one bed). According to the ward chosen, the insured undertakes to pay for part of the hospitalization expenses by way of co-payments as listed in articles 5.2 and 5.3 below.

II Benefits insured in case of hospitalization

Art. 4 Hospital stay

CSS shall pay for all treatment and accommodation expenses for as long as a stay in hospital is necessary, after deducting the co-payment amount consistent with the insured's choice of private or semi-private accommodation at the time of hospitalization.

Art. 5 Co-payment of benefit costs (cost-sharing)

- 5.1 If the insured is hospitalized in the general ward, no co-payment is due aside from the usual deductions applied in the LAMal compulsory health insurance by way of the deductible and co-payment amounts.
- 5.2 If the insured opts for private accommodation (room with one bed), he (she) undertakes to pay for part of the cost of the hospital stay, in addition to the deductions of the LAMal compulsory health insurance, up to the amount of the selected co-payment of:
- 35% of the amount billed to CSS, but up to a maximum amount of CHF 5,000 per calendar year;
 - 35% of the amount billed to CSS, but up to a maximum amount of CHF 10,000 per calendar year.
- 5.3 If the insured opts for semi-private accommodation (room with more than one bed), he (she) undertakes to pay for part of the cost of the hospital stay, in addition to the deductions of the LAMal compulsory health insurance, up to the amount of the selected co-payment of:
- 25% of the amount billed to CSS, but up to a maximum amount of CHF 3,000 per calendar year;
 - 25% of the amount billed to CSS, but up to a maximum amount of CHF 6,000 per calendar year.
- 5.4 During the hospital stay the insured may, at any time and in writing, opt for another hospital accommodation category. The insured's co-payment amount will be calculated in proportion to the time spent in each ward.

Art. 6 Waiting period in case of pregnancy

In order to qualify for pregnancy and delivery benefits, the insured must have subscribed to the present supplementary insurance plan at least 24 months prior to her date of delivery.

Art. 7 Exclusions

CSS grants no benefits under this supplementary insurance plan:

- if the hospital stay takes place in a medical home or ward for long-term illnesses;
- for weight loss treatment;
- for cosmetic treatment;
- for voluntary stay abroad in a hospital.

In the event of a stay in a psychiatric facility, benefits are granted for maximum 60 days per calendar year.

Art. 8 Case Management

When the insured's treatment program proves to be complicated, CSS provides the services of a nurse free of charge, the Case Manager, to coordinate and optimise treatment received within the Swiss health network. The Case Manager acts as an advisor to the insured person.

III Other benefits

Art. 9 Legal protection for patients

9.1 Insured persons

Persons who have subscribed to the present supplementary insurance plan shall benefit from worldwide legal protection coverage for patients, in accordance with the conditions of the legal protection organisation with which CSS has signed an agreement. The insured receives a copy of the said conditions.

9.2 Insured benefits

CSS shall reimburse attorney's fees and legal representation expenses in case of litigation proceedings, appraisal costs, court fees and procedural indemnities up to CHF 250,000 per event for insurance cases arising in Europe and up to CHF 50,000 for insurance cases arising outside Europe.

IV Benefits during a stay abroad

Art. 10 Treatment expenses abroad

In the event of an emergency, CSS shall reimburse, in addition to the benefits of LAMal compulsory health insurance, the balance of outpatient and hospitalization treatment expenses if the insured becomes ill during a stay abroad. In case of hospitalization, CSS grants cover for a period of maximum 60 days per event.

Art. 11 Assistance and repatriation

- 11.1 The expenses for assistance abroad and repatriation are covered worldwide, in accordance with the terms and conditions of the assistance organisation with which CSS has signed an agreement. The insured receives a copy of the said conditions.
- 11.2 Benefits for assistance abroad and repatriation are granted on condition that the stay abroad does not exceed 60 consecutive days.
- 11.3 This 60-day limit shall not apply to the insured who resides abroad as an expatriate on behalf of his/her employer or to the insured under age 25 who resides abroad for educational training, all other reasons being excluded.

V Final stipulations

Art. 12 Supplementary insurance

- 12.1 Benefits guaranteed in the present special conditions are granted in addition to the benefits of the LAMal compulsory health insurance covered by CSS or another insurer.
- 12.2 They cannot however be used to compensate deductible and co-payment expenses due in the LAMal compulsory health insurance or another supplementary insurance.
- 12.3 The right to benefits ceases once the insured is no longer covered by the present insurance plan.

Art. 13 Duration of insurance cover and notice of cancellation

- 13.1 The insured may cancel the present insurance cover for 31st December of a calendar year by giving notice of 3 months and provided that membership in the present insurance has lasted at least 36 months.
- 13.2 If the present insurance is not cancelled at the end of the first period of cover, it shall be renewed tacitly for a further period of 12 months.

Translation: Only the original German text approved by the Swiss Supervisory Authority is binding.