

Health Insurance Livo Smart

Supplementary health insurance in accordance with the VVG

Supplementary Conditions (SC) Version 01.2025

These Supplementary Conditions (SC) are based on the General Insurance Conditions (GIC) for Supplementary Health Insurance Livo of CSS Versicherung AG (CSS) and the Federal Insurance Contract Act (VVG). The SC regulate the insurance relationship in

addition to the GIC. Where provisions deviate, the SC take precedence over the GIC. CSS may amend these SC with effect from the beginning of a calendar year for the same reasons as those set out in the GIC (see Art. 39.1 GIC).

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1 Rules governing insurance cover

- 1.1 Newborn babies are insured without a reservation clause from the day of birth provided the signed insurance application is received by CSS at the latest on the day of birth.
- 1.2 CSS will pay the same benefits for maternity as for illness provided the mother has held the corresponding supplementary insurance cover for illness and maternity with CSS for at least 365 days prior to the day of birth (qualifying period).
- 1.3 For additional and supplementary benefits and services pursuant to Art. 2.4.1, a commitment from CSS to provide cover in respect of both the chosen service provider and the chosen benefits and services must be presented on admission to the service provider's facility. In emergencies, a commitment from CSS to provide cover in respect of both the chosen service provider and the chosen additional and supplementary benefits and services must be obtained immediately from CSS, where reasonable.
- 1.4 The scope of the insurance cover is set out in the tables in Art. 2. The insured benefits may be specified by means of benefits lists and service provider lists. The following lists

of benefits and service providers, which may be amended unilaterally by CSS, will apply:

- Medication: non-insured preparations (additional to the LPPV), Art. 2.1.1
- VVG aids and medical devices, Art. 2.1.3
- List of methods and therapists for alternative medicine, Art. 2.1.4
- Mental health offers and providers, Art. 2.1.5
- Health promotion, Art. 2.1.6
- Support offers, Art. 2.1.7
- Health promotion for pregnancy and maternity, Art. 2.3.3

2 Insured benefits under "Health Insurance Livo Smart"

When a claim is made for illness, maternity or accident, CSS will pay the benefits listed in the table below, taking into account the cost participation and maximum amounts indicated.

2.1 General benefits

2.1.1 Medication	Medicines prescribed by a doctor that are scientifically recognised in Switzerland at the usual market prices ('hors liste' or 'unlisted medicines'). These serve to treat medical conditions and do not feature on either the Specialties List (SL), the list of medicines with tariffs (ALT) or the list of pharmaceutical products for special application (LPPV).	75 %, no limit Exceptions: Medicinal products which CSS places on its own "Medication: non-insured preparations (additional to the LPPV)" list in addition to or in place of the LPPV, and which are not or only partly covered by this insurance.
2.1.2 Optical aids	Spectacle lenses and contact lenses or ophthalmological procedures, provided they are needed to correct the patient's sight.	Adults: 100 %, max. CHF 200 per calendar year Children (until the end of the calendar year in which they turn 18): 100%, max. CHF 200 per insured event
2.1.3 Aids and medical devices	Aids: Aids prescribed by a doctor as set out in the "VVG aids and medical devices" benefits list, which serve either to investigate or to treat an illness and its consequences (e.g. walking aids). Medical devices: Medical devices prescribed by a doctor and scientifically recognised at the usual market prices as set out in the "VVG aids and medical devices" benefits list.	90 %, max. CHF 1,000 per calendar year
2.1.4 Alternative medicine	Treatments for illness, accident or maternity used in alternative medicine as set out in the "List of methods and therapists for alternative medicine" benefits list, and recognised alternative medicines that are prescribed or dispensed, provided they form part of a recognised method.	50 %, max. CHF 10,000 per calendar year Deductible for adults: CHF 300 per calendar year Deductible for children (until the end of the calendar year in which they turn 18): CHF 0 per calendar year

2.1.5 Mental health	Psychotherapeutic treatments provided by a CSS-recognised service provider who features on the "Mental health offers and providers" list of service providers and is not recognised under the KVG, and psychotherapeutic services such as digital therapies that do not form part of the catalogue of benefits set out in the KVG.	50 %, max. CHF 500 per calendar year
2.1.6 Health promotion	Contributions towards offers relating to health promotion and prevention (e.g. for fitness and exercise, nutrition, relaxation, self-help programmes) as set out in the "Health promotion" benefits list.	min. 50 %, max. CHF 300 per calendar year
2.1.7 Support	Other services and offers providing support when ill (e.g. measures to ease symptoms and alleviate the course of the illness, boosting the quality of life, monitoring) as set out in the "Support offers" benefits list.	min. 50 %, max. CHF 1,000 per calendar year
2.2 Dental treatment	CSS covers the following dental benefits. If other supplementary insurance plans for dental benefits are in effect with CSS Versicherung AG, the costs assumed under Health Insurance Livo Smart in each case will only cover the difference between the benefits paid under those plans and the invoiced amount.	
2.2.1 Dental treatment	Costs for dental treatment until the end of the calendar year in which the insured person turns 18.	50 %, max. CHF 2,000 per calendar year
2.2.2 Orthodontics	Correction of malpositioned teeth (maxillofacial surgery and dentofacial orthopaedic treatment, orthodontic measures) until the end of the calendar year in which the insured person turns 18.	50 %, max. CHF 12,000 per calendar year
2.2.3 Wisdom teeth	Extraction of wisdom teeth from the beginning of the calendar year in which the insured person turns 19 (incl. anaesthetics, necessary x-rays and follow-up treatment).	50 %, max. CHF 2,000 per calendar year
2.3 Maternity benefits (pregnancy and birth)	For maternity, CSS covers the following benefits on expiry of a qualifying period as set out in Art. 1.2:	
2.3.1 Ultrasound scans and check-ups	All ultrasound scans and other check-ups recommended by a doctor which are not covered under the KVG.	90 %, no limit
2.3.2 Births in a birthing centre, at home or in an outpatient setting	The mother will be paid a lump sum for the medical expenses associated with giving birth if the birth takes place in a birthing centre, at home or in an outpatient setting that is not on the hospital list of the canton in which the mother lives. The mother must apply to CSS for the lump-sum birth allowance, and must present confirmation of the birth.	CHF 500 lump-sum birth allowance per child
2.3.3 Health promotion for pregnancy and maternity	Other benefits for promoting the health of the parents and the newborn baby during and after pregnancy as set out in the "Health promotion for pregnancy and maternity" benefits list.	min. 50 %, max. CHF 300 per calendar year A breastfeeding allowance of CHF 200 per child will be paid to the mother on presentation of evidence that she has breastfed the child for at least 30 days.
2.4 Benefits for inpatient stays	CSS pays the following benefits for illness, maternity or accident:	
2.4.1 Hospital costs in a general ward throughout Switzerland	Costs in a general ward in hospitals throughout Switzerland that hold a cantonal performance mandate for the treatment in question but which charge a higher reference tariff (e.g. base rate) than hospitals in the canton in which the insured person lives (also known as 'elective treatment in KVG list hospitals outside the canton of residence').	100 %, no limit

3 Scope of entitlement to benefits

3.1 The benefits provided will be applied against the total amount of insured benefits per calendar year within the limits of the CSS-recognised tariffs. The date of treatment is the determining factor. CSS recognises tariffs under contractual agreements it has negotiated with the respective service providers. Where no contractual agreement has been concluded with a service provider, CSS may recognise a tariff (maximum tariff) that can be deemed appropriate when compared with the market or judged by objective criteria. The CSS lists indicate the cases in which maximum tariffs come into effect. The

insured person will be informed of existing maximum tariffs on request.

3.2 Costs incurred after the total amount of insured benefits has been exhausted cannot be carried forward to the following year. If the total amount of insured benefits is not fully exhausted, the unused sum insured cannot be carried forward to the following year.

3.3 At most, the actual costs incurred will be reimbursed.

3.4 CSS reserves the right to exclude service providers from the provision of services if the tariffs they charge cannot be deemed appropriate when compared with the market or judged by objective criteria (see Art. 40.4 GIC) or the

service they provide does not meet professional standards. The CSS lists valid on the date of treatment will apply. The lists of recognised service providers that currently apply are published on the CSS website and may be requested from CSS.

4 Further provisions

The insured person will be assigned to one of the age groups shown in Art. 18.2 GIC on the basis of his current age. When the insurance starts, the age reached by the insured person on his birthday in that calendar year determines which age group he is assigned to. A move to a higher age group may entail premium adjustments.

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