

# Prevention Insurance Livo

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 To take out Prevention Insurance Livo supplementary insurance, at least one other supplementary insurance plan from the Livo product line must also be taken out. Prevention Insurance Livo supplementary insurance may be cancelled on its own; if the other supplementary insurance plan with which it is combined is cancelled, Prevention Insurance Livo supplementary insurance will cease.
- 1.2 Newborn babies will be 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.

- 1.3 The scope of the insurance cover is set out in the table 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 by CSS, will apply:
  - Preventive and protective vaccinations, Art. 2.1
  - Screening and check-up providers, Art. 2.2 a) and b)
  - Prevention offers, Art. 2.3

**2 Insured benefits under “Prevention Insurance Livo”**

CSS pays the preventive benefits listed in the table below, taking into account the cost participation and maximum amounts indicated.

<b>2.1 Vaccinations</b>	Preventive vaccinations and protective vaccinations for holiday and foreign travel (incl. consultation and vaccine administration) that fall outside the obligation to pay benefits under the KVG as set out in the “Preventive and protective vaccinations” benefits list.	50 %, max. CHF 200 per calendar year
<b>2.2 Screening and check-ups</b>	<ul style="list-style-type: none"> <li>a) Preventive medical examinations to detect risk factors for cardiovascular diseases and early signs of cancer as well as other medically recommended screening tests as set out in the “Screening” list of benefits for service providers recognised under the KVG.</li> <li>b) Thorough medical check-up by recognised providers as set out in the “Check-up providers” list of service providers.</li> </ul>	50 %, max. CHF 500 every two calendar years
<b>2.3 Other prevention offers</b>	Programmes, aids, digital offers and other products and services related to prevention and health promotion (but not fitness centre memberships) as set out in the “Prevention offers” list of benefits. Entitlement to benefits applies to the insured person.	min. 50 %, max. CHF 500 per calendar year

**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.
- 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.

