

Additional Insurance Conditions (AIC) SANA Supplementary Health Care Insurance

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

General provisions

1 Purpose

The SANA Supplementary Health Care Insurance makes payments towards the costs for outpatient and inpatient treatment for complementary medicine, towards preventative measures and towards health promotion.

Benefits

2 Complementary medicine

2.1 Helsana pays 75% of the costs of medically indicated outpatient treatment carried out in accordance with the methods of complementary medicine, provided that the treatment is carried out by a service provider (a doctor, naturopath or therapist) who has been approved by Helsana for the corresponding service. Helsana keeps a list of all recognised treatment methods and a list of all recognised service providers. These lists are continuously updated and can be examined at Helsana or a copy can be requested. Treatment abroad is paid for provided that the therapist concerned is included on the list.

2.2 Helsana pays 75% of the costs of complementary medicine remedies recognised by it. This applies on the condition that they are provided or prescribed by a service provider recognised by Helsana for this purpose.

2.3 Helsana pays the incurred costs, up to a maximum of CHF 5,000 per calendar year, for medically prescribed inpatient treatment carried out according to the methods of complementary medicine in hospitals or convalescent facilities recognised by Helsana.

2.4 The cost of outpatient treatment will also be covered for temporary stays abroad if the service provider in question is not on the list, provided that the insured person did not go abroad for the purpose of receiving such treatment.

3 Prevention

3.1 Helsana pays 75% of the incurred costs, up to a maximum of CHF 500 per calendar year, for preventive medical measures in the sectors vaccinations, medical check-ups, physical training therapies, weight reduction for children and giving up smoking.

3.2 For quality assurance purposes, benefits will only be paid if the service provider is recognised by Helsana for the corresponding service. Helsana maintains a list of the recognised measures and programmes as well as the recognised service providers. This list is continuously updated and can be examined at Helsana or a copy can be requested.

3.3 Measures which can be taken abroad and the requirements for this are specified on the list.

4 Health promotion

- 4.1 For health promoting measures in the sectors of back training (incl. follow-on courses), fitness, pregnancy, courses in nutrition, relaxation and exercise, as well as courses in other health topics, 75% of the incurred costs, up to a maximum of CHF 200, will be paid per sector and calendar year.
- 4.2 For quality assurance purposes, benefits will only be paid if the service provider is recognised by Helsana for the corresponding service. Helsana maintains a list of the recognised measures and the recognised service providers. These lists are continuously updated and can be examined at Helsana, or a copy can be requested. Treatment abroad is paid for provided that the service provider concerned is included on the list.

5 Insurance option without accident coverage

Insurance coverage for the consequences of accidents can be excluded.

Miscellaneous

6 Insurance for children

Children can be insured from birth, providing the proposal for the insurance is received by the insurer prior to the birth. In this case, no benefit exclusions will be applied to the SANA Supplementary Health Care Insurance in the event of any pre-existing damage to health.

7 Suspension of the insurance cover

- 7.1 In return for a reduction in premium the policyholder can suspend the claim for benefits arising from the SANA Supplementary Health Care Insurance, subject to their providing evidence that they have alternative insurance cover (group contract, company health care insurance, foreign insurance, etc.) for the insurance to be suspended.
- 7.2 The policyholder must reactivate the insurance cover with the insurer under the terms originally agreed within 30 days following the loss of the alternative insurance cover, with the premium being adjusted in accordance with Section 12 AVB. If the policyholder fails to adhere to this period of grace, the conditions for new inclusion shall apply to the continuation of the insurance policies.