

Additional Insurance Conditions (ZVB) Supplementary Hospital Insurance: HOSPITAL Semi-Private and HOSPITAL Private

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

General

1 Purpose and insured risks

- 1.1 The HOSPITAL Semi-Private and HOSPITAL Private supplementary hospital insurance plans cover accommodation and treatment costs in a hospital (including clinics and birthing centres) and contribute to the accommodation and board costs of inpatient acute and transitional care, rooming-in, balneotherapy and convalescent therapies, household help and childcare.
- 1.2 The insured risks cover illness and if included also accident and maternity.

2 Insurance options

The following insurance options are available for inpatient hospital stays:

- 2.1 HOSPITAL Semi-Private covers, within the scope of the following conditions, the accommodation and treatment costs of an inpatient stay in a two-bed room in the semi-private ward of a recognised hospital.
- 2.2 HOSPITAL Private covers, within the scope of the following conditions, the accommodation and treatment costs of an inpatient stay in a single-bed room in the private ward of a recognised hospital.

Benefits

3 Recognised service providers

- 3.1 HOSPITAL Semi-Private or HOSPITAL Private covers the accommodation and treatment costs in hospitals which cumulatively meet the following conditions (recognised hospitals):
 - Hospitals which are listed together with the relevant service mandate on the cantonal planning and hospital lists pursuant to art. 39 KVG (listed hospitals) or with which Helsana has concluded a contract pursuant to art. art. 49a(4) KVG for the relevant range of benefits (KVG contract hospitals) and
 - Hospitals with which Helsana has agreed rates for the semi-private or private ward for the full range of benefits or for individual specialist areas of the hospital.
- 3.2 In case of hospitals which at the time of the stay or treatment do not meet the conditions stipulated under Section 3.1, no entitlement to payment of costs exists.
- 3.3 Helsana keeps a separate list of:
 - KVG contract hospitals which provides information about the range of recognised benefits (positive list), and
 - Hospitals with which Helsana has not agreed rates for the semi-private or private ward for the full range of benefits or for individual specialist areas of the hospital (negative list).

The lists are continuously updated and the latest version can be viewed on Helsana's website or requested from Helsana.

- 3.4 HOSPITAL Semi-Private or HOSPITAL Private plans reimburse costs of doctors which provide treatment in hospitals independently and for their own account (attending physicians) if inpatient treatment is provided in a recognised hospital as defined under Sections

3.1 and 3.3 and the attending physicians are recognised by Helsana (recognised attending physicians).

Helsana keeps a list of non-recognised attending physicians (negative list). This list is continuously updated and the latest version can be viewed on Helsana's website or requested from Helsana.

4 Need for hospital treatment

The insured benefits are provided during a hospital stay if the insured person's condition makes inpatient treatment necessary.

5 Hospital benefits

5.1 In the event of treatment in a recognised hospital, the following benefits will be reimbursed:

- a) the costs of accommodation and meals
- b) the fees of the doctors employed by the recognised hospital; the fees of the recognised attending physicians
- c) the costs of scientifically recognised diagnostic and therapeutic measures
- d) hospital health care

5.2 Benefits for dental treatment are covered as defined under Section 5.1 to the extent that a duty to provide benefits exists under the Federal Health Insurance Act (KVG) and an inpatient stay is required.

5.3 Persons with semi-private insurance who stay in the private ward of a recognised hospital according to Section 3 will be reimbursed the costs which would be payable for a stay in the semi-private ward. If no corresponding tariff for semi-private wards has been agreed with this hospital, a maximum of 50% of the tariff agreed for the private ward will be reimbursed.

5.4 If an inpatient hospital stay of at least three nights takes place in a hospital recognised by the selected insurance option in a ward that is cheaper than the insured ward, Helsana pays a lump-sum compensation instead of the insured benefit. The applicable compensation can be viewed on Helsana's website or requested from Helsana.

5.5 A deductible agreed in the policy is only charged for hospital treatment.

6 Duration of benefits

6.1 In the event of inpatient treatment in a recognised acute care hospital or a recognised rehabilitation clinic, insured benefits will be paid as long as, in view of the diagnosis and the medical treatment as a whole, a stay is medically necessary.

6.2 In the event of inpatient treatment in a recognised psychiatric clinic, benefits insured under HOSPITAL Semi-Private will be paid for a maximum of 90 days and those insured under HOSPITAL Private for a maximum of 180 days within a calendar year provided that, in view of the diagnosis and the medical treatment as a whole, a stay in a psychiatric clinic is medically necessary.

6.3 In the event of stays in psychiatric daytime and overnight clinics, no benefits will be paid.

7 Acute and transitional care

In case of inpatient acute and transitional care that takes place following a hospital stay and that can be prescribed by the hospital in line with the provisions of the Federal Health Insurance Act (KVG), Helsana pays for the uncovered costs of accommodation and meals as follows:

- a) HOSPITAL Semi-Private: up to CHF 120 per day for a maximum of 14 days per calendar year
- b) HOSPITAL Private: up to CHF 240 for a maximum of 14 days per calendar year

8 Benefits abroad

8.1 In case of hospital treatment abroad, the following costs will be covered provided that the medical measures are justified due to their efficacy, expediency and cost-effectiveness:

- a) HOSPITAL Semi-Private: documented costs of up to CHF 1,500 per day
- b) HOSPITAL Private: documented costs without any upper limit

8.2 In case of emergency treatment, the inpatient benefits in an acute care hospital will be reimbursed until such time as the patient can reasonably be expected to return to their country of residence.

8.3 In the case of targeted treatment, for which an insured person goes to a country other than their country of residence, a request for payment of costs must be submitted to Helsana. The same shall apply if – after treatment has been completed – additional medical measures are planned outside of the country of residence. Payment of costs will only occur when the request has been validated by Helsana.

8.4 A form for the request for payment of costs can be found on Helsana's website and must be completed and submitted to Helsana in good time. An approval only will be given, if the targeted treatment is provided abroad out of personal, family-related or medical reasons and only under the condition that the costs abroad are justified in relation to the costs of treatment in a semi-private respectively a private ward in Switzerland.

8.5 In principle, no benefits will be paid for medical measures which are not recognised in Switzerland at the time of the request (e.g. experimental research).

9 Maternity benefits (pregnancy and birth)

9.1 Provided that maternity is included and no waiting period exists any more (Section 17.2), the same benefits will be covered for pregnancy and birth as for illness.

9.2 The costs for the stay of the healthy newborn for the duration of the mother's stay in hospital are covered by the mother's insurance.

- 9.3 If the birth occurs in the outpatient department of a birthing centre, at home or in the outpatient department of a hospital, Helsana pays the following lump sum on birth as a one-off maximum amount, even in the case of multiples:
- HOSPITAL Semi-Private: CHF 1,500
 - HOSPITAL Private: CHF 3,000
- 10 Costs for journey to and from hospital**
- 10.1 Helsana pays the following total benefits for the journey to hospital and the journey back home:
- HOSPITAL Semi-Private: max. CHF 250 per calendar year
 - HOSPITAL Private: max. CHF 500 per calendar year
- 10.2 Entitlement for the reimbursement only exists for documented travel costs within Switzerland, either from taxi companies or public transport operators (no journeys with private individuals).
- 10.3 The journey to hospital and home again must be directly connected to the planned inpatient hospital benefit paid under this insurance policy.
- 11 Benefits for the accommodation of accompanying persons (rooming-in)**
- In the event of inpatient treatment, the following benefits will be paid towards the documented costs of overnight accommodation and meals in the hospital of one accompanying person in close relationship to the insured person:
- HOSPITAL Semi-Private: up to CHF 100 per day for a maximum of 15 days per calendar year
 - HOSPITAL Private: up to CHF 200 per day for a maximum of 15 days per calendar year
- The costs for food are only paid in conjunction with an overnight stay.
- 12 Balneotherapy or convalescent therapy**
- 12.1 In the event of balneotherapy or convalescent therapy, the following benefits will be paid towards the documented costs:
- HOSPITAL Semi-Private: up to CHF 100 per day for a maximum of 21 days per calendar year
 - HOSPITAL Private: up to CHF 200 per day for a maximum of 21 days per calendar year
- 12.2 Entitlement to the benefits for balneotherapies exists only if such treatment was prescribed by a doctor prior to the beginning of the convalescent therapy and takes place on an inpatient basis at an approved therapeutic spa according to the Federal Health Insurance Act (KVG). The balneotherapy must be preceded by intensive, scientifically recognised and appropriate treatment, unless such treatment is not possible. A medical examination on admission must be carried out at the beginning of the convalescent therapy, and the balneotherapy and related physical treatments must be carried out in accordance with a convalescent treatment plan. The minimum duration of a balneotherapy is 14 days.
- 12.3 Helsana can, on request, also grant benefits for a balneotherapy in a therapeutic spa outside Switzerland, provided that the conditions contained in Section 12.2 (with the exception of approval under the Federal Health Insurance Act (KVG)) are fulfilled.
- 12.4 Entitlement to the benefits for convalescent therapies exists if such a therapy is medically necessary for recovery from a serious illness, is medically prescribed before the beginning of the convalescent therapy and is carried out at a convalescent facility in Switzerland that is recognised by Helsana.
- 12.5 Helsana must receive the medical prescription before the start of the course of treatment, along with the name of the therapeutic spa or convalescent facility and the date of the beginning of the convalescent therapy.
- 13 Household help**
- 13.1 If an insured person requires household help services on the basis of a medical prescription in the event of a 100% incapacity for work due to their state of health and personal family circumstances, and exclusively if a stay in an acute care hospital or stay in a convalescent facility can thereby be avoided or shortened, the following benefits will be paid in respect of the documented costs:
- HOSPITAL Semi-Private: up to CHF 100 per day for a maximum of 30 days per calendar year
 - HOSPITAL Private: up to CHF 200 per day for a maximum of 30 days per calendar year
- 13.2 A household help provider is anyone who looks after the household on behalf of the insured person, whether this is an independent professional help provider or one who works for an organisation.
- 13.3 Any person who acts on behalf of the insured person during their illness to maintain their household and thereby suffers demonstrable loss of income from their professional occupation can also be recognised as a household help provider.
- 13.4 In the event of a stay in a nursing home or similar institution, no benefits for household help will be provided.
- 14 Childcare**
- 14.1 Helsana will cover the costs for the care of children up to the age of 15 as follows:
- HOSPITAL Semi-Private: up to 60 hours per calendar year
 - HOSPITAL Private: up to 120 hours per calendar year
- 14.2 The benefits are granted as follows:
- If a child up to the age of 15 who is insured under this insurance policy falls ill or has an accident, childcare includes physical care of the child, the administration of medication and the preparation of meals at home, provided that there is no duty to provide benefits for home nursing pursuant to the Federal Health Insurance Act (KVG).

- b) If a parent or legal guardian insured under this insurance policy is staying in hospital as an inpatient, they shall be entitled to have their children looked after at home.
- 14.3 The entitlement to childcare benefits is limited to childcare in Switzerland and exists provided that the Emergency Call Centre named by Helsana has been previously contacted and has organised the care.
- 14.4 If the Emergency Call Centre is unable to organise childcare, a maximum contribution of CHF 25 per hour will be paid towards the documented childcare costs.

Miscellaneous

15 Premium adjustments

- 15.1 Premiums are calculated according to the insured person's age, gender and region of residence. During this process, the insured persons are divided into the age group which covers their current age.
- 15.2 Subsection 12.2 General Insurance Conditions for Supplementary Health Insurance does not apply.

16 Cost coverage in case of Special Insurance Conditions under OKP

Insured persons who under compulsory health insurance (OKP) pursuant to the Federal Health Insurance Act have agreed a special form of insurance (e.g. HMO, other general practitioner models or insurance models with limited choice of service providers) and who following a breach of the applicable insurance conditions lose their entitlement to benefits to the detriment of OKP, are not entitled to have these costs covered under this insurance policy.

17 Insurance option without maternity benefit and waiting period

- 17.1 The insurance coverage for maternity can be excluded, although the reduction in premium depends on the age group.
- 17.2 If maternity is included for the first time or again, corresponding benefits will be paid after a waiting period of 365 days from the time of validity of this insurance amendment. In case of a change from HOSPITAL Semi-Private to HOSPITAL Private or vice versa, waiting periods that have already commenced are taken into account. On the other hand, waiting periods that have already commenced relating to other insurance products are not taken into account.

18 Insurance option without accident coverage

Insurance coverage for consequences of accidents can be excluded in exchange for a reduction in premium.