

Supplementary Conditions (SC)

Top-up insurance

Visana Managed Care (FLIC) Hospital treatment

Note:

- For reasons of readability only the male pronoun is used.

These Supplementary Conditions form part of the insurance contract. Reference is made expressly to the General Conditions for Visana Managed Care for top-up health insurance.

What can be insured?

The following can be insured under Managed Care for hospital treatment:

- A.** The costs of a stay in an acute **hospital in Switzerland** in the insured hospital ward, in addition to mandatory healthcare insurance. The insurance also covers eight weeks of Vacanza travel insurance as well as Assistance insurance for 24-hour emergency services within Switzerland.
- B.** Contributions to **spa treatment** and the cost of staying in institutions providing **non-acute treatment** (clinics for addicts, shared residences with care facilities), in addition to mandatory healthcare insurance.
- C.** **Managed Care for hospital treatment – plus hotel** for the cost of a single or double room for persons with general insurance.

What are the options under Managed Care for hospital treatment?

You can choose Managed Care for hospital treatment top-up health insurance, provided you already have Managed Care insurance as your mandatory healthcare insurance. You are free to choose the level.

If the Basic Managed Care insurance ends, Managed Care for hospital treatment will also cease at the time of cancellation, in which case you can take out the insurance with Visana for the same cover without undergoing a risk assessment. If you wish to continue the insurance, you have to notify Visana one month before basic Managed Care insurance ends.

Visana is not obliged to approve requests for continued cover it receives after that date.

You are obliged to use the services covered under this insurance only based on a consultation or prescription by the Managed Care doctor, in which case your premium will be reduced. Visana recognises Managed Care doctors as those who provide a limited range of services in accordance with the Federal Law on Health Insurance. If the telemedical Managed-Care model is selected, the provider of the telemedical service is deemed to be the Managed-Care doctor. The telemedical Managed-Care doctor is contacted by phone.

Services rendered not on the instruction of a Managed Care doctor are reimbursed at 60 % of the amount shown on the benefits schedule.

The four basic options of Managed Care for hospital treatment are:

- General Managed Care for hospital treatment
- Semi-private Managed Care for hospital treatment
- Private Managed Care for hospital treatment in Europe
- Private Managed Care for hospital treatment worldwide

Part B Managed Care for hospital treatment (spa treatment, non-acute treatment) can be concluded only in connection with Part A (acute hospital services).

Part C Managed Care for hospital treatment – plus hotel provides supplementary cover for those with general insurance by assuming the contractual additional hotel charge for a single or double room for hospitals under contract with Visana. This insurance is available to those with general cover (mandatory healthcare insurance and/or supplementary Managed Care cover in a general ward).

Accident exclusion

Your premium will be reduced if you exclude the risk of accident.

Optional contribution to costs

On admission to an acute hospital you will pay one of the cost contributions shown below per calendar year, in which case your premium will be reduced.

Possible cost contribution:

CHF 1,000 CHF 2,000

CHF 5,000 CHF 10,000

The contribution applies only to services rendered by the acute hospital and is collected once per calendar year. The amount is calculated as follows per day in the acute hospital:

1/10 of the cost contribution amount. 50 % of the cost contribution is due if persons with cover for a private room are treated in the semi-private room. Private and semi-private insureds are exempted from the cost contribution they chose if the treatment is administered in the general ward.

If the acute hospital stay extends into the following year, the cost contribution will only be collected once and prorated to the year in question.

It is possible to cancel or increase the cost contribution at the start of a given month. In the event of a change during the year, the full current or increased amount in cost contribution is applied in the relevant calendar year.

Changing to a lower cost contribution category or cancelling it is possible only by observing the three months' notice period to the end of the calendar year, in which case the insurance will increase and a risk assessment becomes necessary.

No-claims bonus (valid for new contracts from 1/1/2020 onwards)

The no-claims bonus is a premium discount for the years of insurance with no benefit payments, granted in the form of a 20 % discount on the respective applicable tariff. It is calculated as follows:

If the insured receives benefits from the Managed Care Hospital insurance during the observation period (1st of July in the previous year to 30th of June in the current year), they do not receive, or they lose, the existing no-claims bonus as of the 1st of January in the following year. If they receive no benefits from the Hospital insurance in the subsequent (new) observation pe-

riod, they receive the 20 % no-claims bonus as of the 1st of January in the following year.

The settlement date of the received benefit is decisive.

If multiple settlements relating to the same hospital stay occur during different observation periods, the no-claims bonus is only cancelled for one year.

Insured persons who take out a new Hospital contract by the 31st of March already receive the no-claims bonus from the 1st of January in the following year (shortened observation period) if no benefits are received from the Hospital insurance in the meantime.

Insured persons who take out a new Hospital contract from the 1st of April onwards do not receive the no-claims bonus until the 1st of January in the year after next.

If, due to insurance-related reasons, a 20 % no-claims bonus is no longer justifiable for the product, Visana Insurance Ltd has the right to reduce or cancel the discount accordingly, at the end of a calendar year.

Visana Insurance Ltd shall give notice of reduced or cancelled discount no later than 30 days before it comes into force. You then have the right to terminate the insurance cover affected by the reduction or cancellation of discount at the end of the current calendar year. In order to be valid, the notice of termination must reach Visana Insurance Ltd no later than on the last working day of the calendar year. If you do not serve such notice of termination, this equates to acceptance of the change on your part.

Family discount (valid for new contracts from 1/1/2020 onwards)

The second child and every additional child receive a 50 % premium discount until they reach the age of 18. The discount is only granted if at least two children have top-up health insurance with Visana Insurance Ltd. Once the first child has reached the age of 18, the second child counts as the first child and therefore is no longer entitled to a discount.

If, due to insurance-related reasons, a 50 % family discount is no longer justifiable for the product, Visana Insurance Ltd has the right to reduce or cancel the discount accordingly, at the end of a calendar year.

Visana Insurance Ltd shall give notice of reduced or cancelled discount no later than 30 days before it comes into force. You then have the right to terminate the insurance cover affected by the reduction or cancellation of discount at the end of the current calendar year. In order to be valid, the notice of termination must reach Visana Insurance Ltd no later than on the last working day of the calendar year. If you do not serve such notice of termination, this equates to acceptance of the change on your part.

No family discount is granted for the top-up insurance Managed Care for hospital treatment – plus hotel (C).

A Stays in an acute hospital

1. General

1.1 What conditions have to be met?

The top-up insurance Managed Care for hospital treatment is an indemnity insurance.

Managed Care for hospital treatment provides benefits for effective, purposeful, and cost-effective diagnostic and therapeutic measures and the associated cost of accommodation and meals in acute hospitals within Switzerland. A stay in an acute hospital abroad is covered in accordance with the applicable option if the treatment is administered in an emergency and the purpose of going abroad is not to obtain treatment.

Benefits are contingent on the necessity of an acute hospital stay (i.e. the diagnosis and all the procedures justify an acute hospital stay) and paid only for the duration of the stay. A stay

in a psychiatric clinic counts as an acute hospital stay for a maximum of 180 days. The period can be extended by a maximum of 180 days on the basis of a medical opinion. After 360 days, no further acute hospital benefits will be paid under Managed Care for hospital treatment.

The benefits will be paid out exclusively in addition to mandatory healthcare insurance. Cost portions covered under mandatory healthcare insurance, as well as deductibles, are not covered by Managed Care for hospital treatment regardless of whether or not the person has mandatory insurance. The maximum reimbursement equals the costs actually incurred.

1.2 Recognised hospitals in Switzerland

All institutions/wards under medical supervision that provide treatment of acute illnesses or inpatient rehabilitation, have the required qualified personnel, have the necessary medical equipment for the purpose and have not been explicitly excluded by Visana Insurance Ltd are considered to be recognised acute-care hospitals. For general, semi-private or private hospital wards, Visana Insurance Ltd names the non-recognised institutions on its "Restrictions to the choice of hospital list". This list is continually being adjusted and can be seen on the Visana website or requested at the relevant agency. In emergencies, the benefits are provided in all Swiss acute-care hospitals.

2. Benefits schedule

2.1 What is insured?

The following cost of the insured ward (general, semi-private or private) are covered for a stay (treatment and overnight) in an acute hospital:

- Accommodation and meals
- Nursing care
- Doctors' fees
- Diagnostic and therapeutic procedures (prescribed by a doctor)
- Medicines (prescribed by a doctor)
- Anaesthesia, use of operating room

Vacanza Travel Insurance covers costs incurred from sickness or accident while the insured person travels abroad that are not covered otherwise; at the most for eight weeks per trip. The insurance is valid worldwide outside Switzerland and includes emergency assistance and legal expenses cover.

The insurance ends when mandatory healthcare insurance no longer applies and/or the person relocates abroad.

The scope of benefits is defined in the General Conditions of Contract (GCC) FLIC for Vacanza Travel Insurance by Visana.

Visana Assistance emergency services provides advice and help for emergencies in Switzerland. The service is available 24 hours a day and mainly includes organising and coordinating the necessary procedures.

The scope of benefits is defined in the General Conditions of Contract (GCC) of "Visana Assistance CH" by Visana.

3. Special provisions

3.1 Applicable rates

Visana Insurance Ltd pays benefits within the framework of the agreed tariffs or the usual local tariff as the case may be.

3.2 Mother and child in hospital

If a mother and child stay in an acute hospital together during the child's first year, the decision to afford acute hospital benefits depends on only one of them having to be admitted. Benefits are paid only from the mother's and child's own policies.

3.3 Rooming-in

If a child aged between 2 and 14 requires stationary treatment in an acute hospital, Visana Insurance Ltd contributes the maximum sum of CHF 50.– per day from the child's insurance to-

ward the cost of accommodation and meals for an accompanying person.

3.4 Non-insured hospital ward in Switzerland

Visana Insurance Ltd accepts the following costs for stays in a ward other than that for which the patient is insured after deduction of the benefits paid by the basic insurance:

| Insured for: | Stay in a ward: | Benefits as a % age of the difference in costs: |
|--------------|-----------------|---|
| General | Semi-private | 50 % |
| | Private | 30 % |
| Semi-private | Private | 70 % |

3.5 Emergencies while abroad

If emergency treatment is required in an acute hospital while abroad and it would be impossible or unreasonable to expect the insured to travel back or be transferred to Switzerland, Visana Insurance Ltd pays the costs listed below after deduction of the benefits paid from the obligatory health care insurance:

| Insured for | Stay in Europe (incl. States bordering the Mediterranean) | Outside Europe |
|-------------------|---|----------------------------------|
| general | 40 % of the difference in costs | 25 % of the difference in costs |
| semiprivate | 70 % of the difference in costs | 50 % of the difference in costs |
| private europe | 100 % of the difference in costs | 75 % of the difference in costs |
| private worldwide | 100 % of the difference in costs | 100 % of the difference in costs |

Supplementary to the above full cover of costs is available for eight weeks per journey from Visana Travel Insurance.

3.6 Benefit exclusions

If the insured is hospitalized for an organ transplant (with the exception of skin and cornea transplants) no benefits will be paid from Managed Care insurance during the actual transplantation phase (cover is provided by the obligatory health care insurance). After the transplantation phase concludes the costs are covered under the applicable insurance.

Benefits for stationary dental treatment are only provided by Managed Care Hospital insurance if mandatory benefits are payable from the obligatory health care insurance. Managed Care Hospital insurance does not cover shares of costs which have to be accepted by the canton of residence in accordance with the Federal Law on Health Insurance.

3.7 Recognised hospitals in Switzerland for insurance taken out before 1/7/2017

In deviation from article 1.2, the following applies for contracts signed before 1/7/2017:

For the managed-care semi-private hospital top-up insurance, Visana Insurance Ltd maintains a "Restrictions to the choice of hospital list", showing which hospitals cannot be selected for inpatient treatment in a semi-private hospital ward. You are obliged to only visit hospitals that are not mentioned on Visana Insurance Ltd's "Restrictions to the choice of hospital list". If you go to a hospital that is mentioned on Visana Insurance Ltd's "Restrictions to the choice of hospital list", only 50 % of the costs that are not covered by the obligatory health insurance will be compensated for in the event of an inpatient stay, except in cases of emergency hospitalisation. This "Restrictions to the choice of hospital list" is continually being adjusted and can be seen on the Visana website, or excerpts from it can be requested at the relevant agency. The restrictions specified by the "Restrictions to the choice of hospital list" do not apply to the managed-care general hospital or managed-care private hospital top-up insurances. If the insured hospital category is changed after 30/6/2017, the restrictions specified by the "Restrictions to the choice of hospital list" shall apply to the new contract for stays in all hospital wards. The definitive cut-off date is the date on which the insurance application is signed.

B Health spa / non-acute treatment

4. General

4.1 What conditions have to be met?

The benefits provided under Managed Care for hospital treatment will be paid for spa treatments and in-patient non-acute treatment if there is a medical indication and the institution serves the purpose. Benefits are paid only supplementary to mandatory healthcare insurance. Managed Care for hospital treatment includes neither cost portions covered under mandatory healthcare insurance nor any deductibles defined under mandatory healthcare insurance, irrespective of whether or not mandatory insurance is in effect. Only costs that were actually incurred are reimbursed.

5. Benefits schedule

5.1 What is insured?

For stays in the institutions listed below, Visana reimburses the following daily rates as contributions to accommodation and meals for the defined benefits period.

| Managed Care for hospital treatment | General | Semi private | Private, Europe | Private, worldwide | Special provisions |
|---|----------|--------------|-----------------|--------------------|--------------------|
| Clinics for addicts (As per cantonal hospital plan) Benefit period: 720 days within 900 days | CHF 50.– | CHF 90.– | CHF 140.– | CHF 140.– | |
| Shared residences with care facilities (Approved by the canton) Benefit period: 360 days within 540 days | CHF 10.– | CHF 10.– | CHF 10.– | CHF 10.– | |
| Hydrotherapeutic treatment | CHF 50.– | CHF 75.– | CHF 100.– | CHF 100.– | Para. 6.1 |

| | | | | | |
|---|----------|--------------|-----------------|---------------------|--------------------|
| Managed Care for hospital treatment | General | Semi private | Private, Europe | Private, world-wide | Special provisions |
| (Spa licensed for mandatory healthcare insurance) Benefit period: max. 21 days per calendar year | | | | | |
| Rest cures Benefit period: Max. 28 days per calendar year <ul style="list-style-type: none"> ■ Spa hotel recognised by Visana and supervised by doctors ■ Other suitable spa hotel | CHF 50.– | CHF 75.– | CHF 100.– | CHF 100.– | Para. 6.2 |
| | CHF 20.– | CHF 30.– | CHF 40.– | CHF 40.– | |

6. Special provisions

6.1 Hydrotherapeutic treatment

Benefits are paid if the treatment is preceded by intensive and purposeful outpatient treatment or if outpatient treatment is not deemed to be purposeful.

Contributions will be paid only on prior submission of a spa prescription to Visana from a doctor and Visana has issued a commitment to provide cover (para. 8.1 GCC).

6.2 Rest cure

Benefits are paid if the stay in an acute hospital will be reduced or avoided on account of a rest cure.

Contributions will be paid only on prior submission of a spa prescription to Visana from a doctor and Visana has issued a commitment to provide cover (para. 8.1 GCC).

Visana maintains a list of the spa hotels it recognises that are supervised by doctors. This list can be inspected at or excerpts of the list can be ordered from Visana.

6.3 Benefit exclusion

No benefits are paid for treatment administered abroad.

C Managed Care for hospital treatment – plus hotel (locked ward)

7. General

7.1 What conditions have to be met?

The top-up insurance Managed Care for hospital treatment – plus hotel is an indemnity insurance.

Benefits under Managed Care for hospital treatment – plus hotel are paid for stays in a single or double room in hospitals with which Visana has a contract for general cover and that appear on its Managed Care for hospital treatment – plus hotel list.

This list is continually updated and can be inspected at, or excerpts of it can be ordered from, the relevant agency. It forms an integral part of the Managed Care top-up insurance for hospital treatment.

The insured hotel surcharge or daily hospital allowance is reimbursed only for in-patient treatment that is eligible for the benefits under mandatory healthcare insurance and/or general Managed Care for hospital treatment top-up insurance.

8. Benefits schedule

8.1 What is insured?

The insurance covers the additional cost of a single or double room in a hospital on Visana's list in accordance with the option that has been selected

- for 30 days per calendar year or
- an unlimited period.

If the contracted hospital is unable to provide an insured single or double room, Visana will pay the following daily hospital benefits from the third day of the stay:

| Cover option | Daily hospital benefit |
|--|---|
| Double room, unlimited period | CHF 50.– per day (max. amount per calendar year: CHF 1,000.–) |
| Double room, 30 days per calendar year | CHF 50.– per day (max. amount per calendar year: CHF 500.–) |
| Single room, unlimited period | CHF 75.– per day (max. amount per calendar year: CHF 1,500.–) |
| Single room, 30 days per calendar year | CHF 75.– per day (max. amount per calendar year: CHF 750.–) |

If you are covered for a single room but are staying in a double room in a contracted hospital, you will receive CHF 25.– as a daily benefit from the third day of your stay. The maximum amount payable per calendar year is CHF 500.– for the unlimited option and CHF 250.– for the 30-day option.

9. Special provisions

9.1 What is not covered?

Treatment costs are not reimbursed under Managed Care for hospital treatment – plus hotel.

The cost of a semi-private or private ward billed under the rates and agreements for persons with semi-private or private cover is also excluded. Persons with general insurance are not eligible for benefits for stays in hospitals with which Visana does not have contracts for room surcharges.

The integral parts of Managed Care for hospital treatment are:

- The Restrictions to the choice of hospital list
- Visana's Hospital list for Managed Care Plus Hotel insurance
- GCC 2012 for Visana Assistance CH services provided by Visana Insurance Ltd
- GCC FLIC 2022 Visana Vacanza Travel Insurance provided by Visana Insurance Ltd.