KLJG

1 January 2025 version

Supplementary Insurance Conditions (ZVB) HOSPITAL FLEX

List of Contents

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

General

1 Purpose

1.1 HOSPITAL FLEX Supplementary Hospital Insurance provides benefits beyond those covered by the compulsory health care insurance, as follows:
- hospital treatment in Switzerland: the costs of superior accommodation and the costs of selecting doctors in the general, semi-private or private wards for acute damage to patients' health in a recognised hospital as well as in recognised convalescence or psychiatric clinics thereafter;
- a contribution towards the costs of hospital treatment abroad.

Provided they are also insured and are listed on the policy, supplementary payments shall also be made towards:
- accommodation and meals for inpatient acute and transitional care
- balneotherapy and convalescent therapy
- household help
- childcare service

1.2 Benefits will be paid for costs arising from illness, accident and maternity. Accident cover may be excluded.

Benefits

2 Eligibility for benefits

2.1 Payment of all benefits under this policy is subject to the existence of medical necessity and the effectiveness, appropriateness, and cost-effectiveness of treatments.

2.2 To receive maternity benefits, insurance cover must have commenced at least 365 days earlier.

2.3 Benefits in the event of hospital stays are only paid out if there is a need for hospital treatment.

3 Hospital benefits/recognised service providers

3.1 At the latest upon being brought into a hospital, the insured person will decide in which ward they wish to be treated. No costs are due for services provided in the general ward; in the semi-private or private ward, the insured person will owe the share of costs agreed in the policy.

3.2 HOSPITAL FLEX covers inpatient accommodation and treatment costs at hospitals (including clinics and birthing centres) 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. 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.

3.3 In case of hospitals which at the time of the stay or treatment do not meet the conditions stipulated under Section 3.2, no entitlement to payment of costs exists.

3.4 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).

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

3.5 HOSPITAL FLEX 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 3.2 and 3.4 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.

3.6 For benefits relating to inpatient acute and transitional care that are required following a hospital stay and are prescribed by the hospital, Helsana, if insured under Section 1.1 of the Supplementary Insurance Conditions (ZVB) and in addition to its obligations to provide benefits under the KVG, shall reimburse the uncovered costs for accommodation and meals at a rate of up to CHF 100.– per day for up to 14 days per calendar year.

4 Duration of hospital benefits

4.1 With inpatient treatment in a recognised hospital for acute illness or in a recognised convalescence clinic, the covered benefits for acute care will be paid out without time limitation, provided that, taking the diagnosis and overall aspects of the medical treatment into account, a stay in hospital is medically necessary and an improvement in the patient's state of health can be expected.

4.2 In the event of inpatient treatment in a recognised psychiatric clinic, insured benefits will be paid for a maximum of 60 days within one calendar year so long as, in view of the diagnosis and the medical treatment as a whole, a stay in a psychiatric clinic is medically necessary and chronic symptoms do not exist.

5 Benefits abroad

With a stay as an inpatient in a hospital for acute care or a psychiatric clinic abroad, the agreed daily amount will be paid towards the costs of treatment that is scientifically recognised and necessary, and for accommodation and food for a maximum period of 60 days per calendar year.

6 Benefits for newborn children

Helsana will take on the costs of the stay of a healthy newborn child under HOSPITAL FLEX taken out by the mother for the length of the baby's stay in hospital, but for no longer than 10 weeks.

7 Flat-rate maternity benefit

If the child is born in a maternity station for outpatients, at home or when the mother is visiting a hospital as an outpatient, Helsana will pay out the agreed flat-rate maternity benefit.

8 Benefits for the accommodation of companions (rooming-in)

In the event of inpatient hospital treatment, Helsana shall contribute to the costs for accommodation and meals for a closely related person who accompanies the insured person in the hospital. The benefit will not be paid out for more than a maximum period of 15 days per calendar year.

9 Balneotherapy

9.1 Benefits for balneotherapy shall be paid, provided they are also insured in accordance to Section 1.1 of the Supplementary Insurance Conditions (ZVB).

9.2 Prior to starting a balneotherapy, a doctor must have prescribed it, and it must take place in a Swiss or European spa run by doctors and recognised by Helsana.

9.3 A claim is only valid when there has either first been an intensive, scientifically recognised treatment designed for the purpose, or therapy as an outpatient that is scientifically recognised and designed for the purpose is not possible. A medical entry examination must be carried out at the beginning of the balneotherapy, and the balneotherapy and related physical treatment must be carried out in accordance with a treatment plan. The minimum duration for balneotherapy is 14 days.

10 Convalescent therapy

10.1 Benefits for convalescent therapy shall be paid, provided they are also insured in accordance to Section 1.1 of the Supplementary Insurance Conditions (ZVB).

10.2 The convalescent therapy must be carried out in a convalescent facility recognised by Helsana.

10.3 The convalescent therapy must be prescribed by a doctor and must be medically necessary for recovery from a serious illness. Helsana must receive the medical prescription 10 days before the beginning of the convalescent therapy. The prescription must state the name of the relevant therapeutic spa or convalescent facility, and the date on which the treatment begins.

11 Household help

11.1 Benefits for household help will be paid out provided they are also insured in accordance to Section 1.1 of the Supplementary Insurance Conditions (ZVB) and if the insured person needs household help as a result of an acute illness or owing to his family situation.

11.2 A medical certificate is required to prove the necessity of such services.

11.3 In the event of a stay in a nursing home or similar institution, no benefits for household help will be provided.

12 Duration of benefits for balneotherapy/convalescent therapy and household help

Helsana will pay the documented costs, but not more than CHF 100.– per day, for the cost of balneotherapy and convalescent therapy for a maximum period of 21 days per calendar year. It will also pay CHF 50.– per day towards the documented costs for household help for a maximum period of 30 days per calendar year.

13 Childcare service

13.1 If an insured person stays in hospital for inpatient treatment, Helsana, if insured under Section 1.1 of the Supplementary Insurance Conditions (ZVB), shall cover third-party childcare costs for one or more children under the age of 15 who are under the parental guardianship of the insured person, during standard weekly working hours, and up to a maximum of 30 hours per calendar year.

13.2 Benefits will only be paid if the insured person contacts the organisation centre designated by Helsana in advance, which will then arrange the childcare.

14 Benefit exclusions

14.1 Besides the reasons stated in Section 21 AVB, no benefits are provided under HOSPITAL FLEX for:
- treatment and care of chronically mentally ill people;
- stays in nursing homes;
- stays in psychiatric daytime or overnight clinics;
- stays/treatments in non-recognised hospitals (including clinics and birthing centres), and for treatments administered by non-recognised attending physicians in accordance with Section 3.

14.2 Section 21.1 lit. l AVB does not apply.

Premiums

15 Premium adjustments

15.1 Premiums are calculated based on the age and gender of the insured person. Insured persons are assigned to the age group that corresponds to their current age.

15.2 Section 12.2 of the General Insurance Conditions (AVB) for Supplementary Health Insurances does not apply to the HOSPITAL FLEX product.

16 Suspension of the insurance cover

16.1 In return for a reduction in premium the policyholder can suspend the claim for benefits arising from HOSPITAL FLEX, 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.

16.2 The policyholder must reactivate the insurance cover with the insurer within 30 days of the expiry of the alternative insurance cover, with the premium being adjusted in accordance with Section 12 AVB. If the policyholder fails to adhere to this grace period, the conditions for new inclusion shall apply to the continuation of the insurance policies.