

Supplementary Insurance Conditions (ZVB) PRIMEO Supplementary Health Care Insurance for Outpatient Benefits

List of Contents

General

- 1 Purpose

Benefits

- 2 Free choice of doctor for outpatient treatment
- 3 Overnight stays and comfort benefits
- 4 Implants
- 5 Innovative forms of diagnosis and treatment
- 6 Transport
- 7 Aids and equipment
- 8 Outpatient treatment abroad
- 9 Check-ups
- 10 Hotlines
- 11 Household help
- 12 Childcare and nanny service
- 13 Pet care
- 14 Thermal baths

Miscellaneous

- 15 Special condition for special types of insurance
- 16 Premium setting

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

General

1 Purpose

- 1.1 PRIMEO Supplementary Health Care makes payments towards the costs for outpatient treatment that are not covered by compulsory health care insurance.
- 1.2 Benefits from this insurance policy are paid out if they are claimed for medical purposes and are deemed necessary.

Benefits

2 Free choice of doctor for outpatient treatment

- 2.1 PRIMEO covers the costs for the free choice of doctor for outpatient treatment. Helsana shall also pay out any additional costs incurred in relation to the free choice of doctor for outpatient treatment or outpatient births.
- 2.2 For there to be an entitlement to a given benefit, a contractual agreement (tariff contract) covering this benefit must be in place between Helsana and the relevant service provider.

- 2.3 Helsana keeps a list of those institutions at which doctors can be chosen for outpatient treatment and births (i.e. where there is an entitlement to benefits). This list is continuously updated and can be examined at Helsana's offices, or a copy can be requested (website).

3 Overnight stays and comfort benefits

- 3.1 For overnight stays in a clinic or hotel that are not medically required and are taken by the insured person on the night directly before/after procedures that must be carried out on an outpatient basis in accordance with the Health Care Benefits Ordinance (KLV) (principle of "outpatient before inpatient") or in connection with an entitlement to benefits pursuant to section 2, Helsana shall make a contribution of up to CHF 400 per procedure up to a maximum of CHF 1,200 per calendar year. Up to CHF 200 per procedure, up to a maximum of CHF 600 per calendar year, will also be reimbursed for an accompanying person (rooming-in).
- 3.2 For comfort benefits provided as part of outpatient treatment, Helsana covers the costs at the level specified in the agreement with the relevant service provider. Comfort benefits include thorough care from non-medical personnel, accommodation in a separate recovery zone (e.g. one- or two-bed room), separate refreshments as well as special services (e.g. WLAN, print media, telephone).
- 3.3 For there to be an entitlement to a given benefit, a contractual agreement (tariff contract) covering this benefit must be in place between Helsana and the relevant service provider.
- 3.4 Helsana keeps a list of those service providers that offer comfort benefits. This list is continuously updated and can be examined at Helsana's offices, or a copy can be requested (website).

4 Implants

For implants that are used during outpatient treatment and are not paid for or are not fully paid for by compulsory health care insurance, Helsana shall cover up to 90% of the cost of the benefits not covered by compulsory health care insurance, up to a total of CHF 5,000 per calendar year.

5 Innovative forms of diagnosis and treatment

- 5.1 Helsana shall cover up to 90% of the costs (up to a maximum of CHF 5,000 per calendar year) that are not covered by compulsory health care insurance in relation to effective, innovative outpatient forms of diagnosis and treatment.
- 5.2 Helsana keeps a list of those innovative forms of diagnosis and treatment for which benefits may be claimed together with the service providers that offer them. This list is continuously updated and can be examined at Helsana's offices, or a copy can be requested (website).

6 Transport

- 6.1 For transport costs, Helsana covers a maximum of CHF 500 per calendar year, taking into account section 22 AVB.
- 6.2 There is only an entitlement for the reimbursement of costs for transport to/from a service provider recognised under compulsory health care insurance if the transport was related to treatment that is paid for under compulsory health care insurance or this insurance policy.

7 Aids and equipment

For necessary aids and equipment that are medically prescribed in accordance with the aids and equipment list (MiGeL, appendix 2 of the Ordinance on Health Care Benefits) and that exceed the limits specified in the aids and equipment list (MiGeL), Helsana shall pay up to CHF 5,000 per calendar year to cover the benefits that are not covered in full under compulsory health care insurance.

8 Outpatient treatment abroad

- 8.1 In the case of specific, scientifically recognised and appropriate outpatient treatment at a hospital abroad, Helsana shall cover the costs by issuing a guarantee for payment. However, this may also take the form of Helsana issuing a guarantee for payment to cover only part of the desired treatment.
- 8.2 In order to make use of other benefits under these ZVB (overnight stays and comfort benefits, implants, innovative forms of diagnosis and treatment, transport, aids and equipment, check-ups, hotlines, household help, pet care, thermal baths) abroad, the relevant requirements/limits shall apply.

9 Check-ups

- 9.1 Helsana shall pay up to CHF 1,700 per three calendar years towards the costs of check-ups.
- 9.2 For there to be an entitlement to a given benefit, a contractual agreement (tariff contract) covering this benefit must be in place between Helsana and the relevant service provider.

- 9.3 Helsana keeps a list of those institutions where there is an entitlement to benefits. This list is continuously updated and can be examined at Helsana's offices, or a copy can be requested (website).

10 Hotlines

- 10.1 Helsana shall pay a maximum of CHF 300 per calendar year towards the costs incurred in relation to the use of hotlines and/or online services that are subject to a charge for medical treatment from a service provider that is recognised by Helsana.
- 10.2 Helsana keeps a list of service providers recognised with respect to this benefit. This list is continuously updated and can be examined at Helsana's offices, or a copy can be requested (website).
- 10.3 These costs will be reimbursed upon presentation of the corresponding telephone bills/invoices for online services.

11 Household help

- 11.1 If an insured person requires household help on the basis of a medical prescription following an outpatient procedure, up to CHF 100 per day for a maximum of 30 days per calendar year will be paid towards the documented costs.
- 11.2 A household help provider is anyone who, as an independent professional or working for an organisation looks after the household on behalf of the insured person.
- 11.3 In order for benefits to be paid out, the Health Care Benefits Ordinance (KLV) must require that the procedure be carried out on an outpatient basis (principle of "outpatient before inpatient") or it must be carried out in connection with an entitlement to benefits pursuant to section 2. In the event of a stay in a nursing home or similar institution, no benefits for household help will be provided.

12 Childcare and nanny service

- 12.1 Helsana will cover the documented costs of up to 40 hours of care per calendar year for children up to the age of 15, as follows:
- a) If an insured child undergoes an outpatient procedure, 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) In the event that a legal guardian insured under this policy undergoes an outpatient procedure, they shall be entitled to an at-home nanny service for their children.
- 12.2 The entitlement to 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.
- 12.3 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.

- 12.4 In order for benefits to be paid out, the Health Care Benefits Ordinance (KLV) must require that the procedure be carried out on an outpatient basis (principle of “outpatient before inpatient”) or it must be carried out in connection with an entitlement to benefits pursuant to section 2.

13 Pet care

- 13.1 In the event that the insured person undergoes an outpatient procedure, Helsana shall contribute up to CHF 100 per case towards the documented costs of caring for their pets (excluding working animals).
- 13.2 In order for benefits to be paid out, the Health Care Benefits Ordinance (KLV) must require that the procedure be carried out on an outpatient basis (principle of “outpatient before inpatient”) or it must be carried out in connection with an entitlement to benefits pursuant to section 2, and the care must not be provided by a person living in the same household.

14 Thermal baths

- 14.1 Up to CHF 20 per day will be paid towards the documented costs for a thermal bath within 30 days following an outpatient procedure. The entitlement is limited to nine entries per calendar year, and can be claimed in Switzerland or elsewhere.
- 14.2 In order for benefits to be paid out, the Health Care Benefits Ordinance (KLV) must require that the procedure be carried out on an outpatient basis (principle of “outpatient before inpatient”) or it must be carried out in connection with an entitlement to benefits pursuant to section 2.

Miscellaneous

15 Special condition for special types of insurance

For insured persons who have obtained other special forms of insurance under compulsory health care insurance pursuant to the KVG (e.g. HMOs, other general practitioner models or insurance models with limited choice of service providers), the limiting conditions for a benefits claim set forth in the relevant General Insurance Conditions apply to this insurance as well.

16 Premium setting

Premiums are calculated in accordance with section 12 of the General Insurance Conditions (AVB). Section 12.2 AVB does not apply.