

2021 edition



Supplementary insurance

Special Terms and Conditions (STC)
hospita 2021

Special Terms and Conditions (STC) hospita under the Federal Insurance Contract Act (ICA)

Chapter	Page	Chapter	Page
1 Basic information about the insurance	4	4 Special benefits	7
1.1 Purpose		4.1 Home help	
1.2 Insurance provider		4.1.1 Principle	
1.3 General terms and conditions of insurance (GTC)		4.1.2 Benefit coverage	
1.4 Conclusion of the insurance contract		4.1.3 Service providers	
1.5 Conditions of benefits		4.2 Transport costs, rescue and recovery actions in emergencies	
1.5.1 General		4.3 Rooming-in	
1.5.2 Intensive-care hospitals		4.4 Child-care service	
1.5.3 Hospital list		4.4.1 Principle	
1.5.4 Treatment outside the canton for medical reasons		4.4.2 Benefit conditions	
1.6 Accident cover		4.4.3 Benefit coverage	
1.7 Insurance options		4.5 Medical treatment following accidents (hospita private accident)	
1.7.1 Benefit levels		4.5.1 Private consultations with hospital doctors and treatment by doctors who are not under KVG contract	
1.7.2 Hospitals with a recognized charge scale		4.5.2 Emergency medical treatment abroad	
1.7.3 Hospitals under contract to hospita comfort		5 Maternity	9
1.7.4 Absent criteria, maximum charges		5.1 Costs of inpatient treatment	
1.7.5 Hospital classification		5.2 Birth in a maternity clinic	
2 Inpatient treatment	5	5.2.1 Inpatient birth	
2.1 Intensive care		5.2.2 Outpatient birth	
2.1.1 Benefit conditions		5.3 Home help after childbirth	
2.1.2 Benefit coverage		5.3.1 Principle	
2.1.3 Treatment in a higher class of hospital ward		5.3.2 Hospital birth	
2.1.4 Treatment in an unlisted hospital		5.3.3 Home birth	
2.1.5 Treatment in a non-contracted hospital		5.4 hospita private accident	
2.2 Inpatient rehabilitation		6 Accident supplement	9
2.3 Psychiatric clinics		7 hospita variant with a no-claims discount (NCD)	9
2.4 Benefits abroad		7.1 Principle	
2.4.1 In emergencies		7.2 Observation period	
2.4.2 Elective treatment abroad		7.3 Discount levels	
2.4.3 Procedure for hospital accommodation		7.4 NCD level adjustment	
3 Spa treatment	7	7.5 Level adjustment when benefits are drawn	
3.1 Recovery cures		7.6 Maternity benefits	
3.2 Spa treatment		7.7 Complementary insurance	
3.3 Other treatment		8 hospita flex cost share	10
3.4 Procedure during a spa stay		8.1 Cost-share coverage	
		9 Age groups	11

hospita

1 Basic information about the insurance

1.1 Purpose

hospita insurance is designed to cover otherwise uninsured costs associated with treatment in an acute care hospital in the event of an accident, illness or maternity. It also pays contributions towards spa treatments, nursing and care at home (Spitex) and transport costs.

hospita benefits supplement the statutory benefits provided by compulsory health insurance as defined in the Federal Health Insurance Act, or 'KVG' (hereinafter referred to as basic insurance). This insurance covers no more than the portion of the total costs that is not already covered by basic insurance or other compulsory health insurance.

1.2 Insurance provider

The insurance provider is Sympany Versicherungen AG, Basel (hereinafter referred to as the insurer).

1.3 General terms and conditions of insurance (GTC)

The Sympany Versicherungen AG General terms and conditions of insurance are an integral part of the Special terms and conditions of **hospita** cover. In the event of conflicting provisions, the Special terms and conditions of **hospita** cover take precedence over the General terms and conditions of insurance.

1.4 Conclusion of the insurance contract

hospita cover can be taken out by eligible persons of up to 60 years of age. **hospita private accident** cover can only be taken out or managed in conjunction with one of the following insurance categories:

- **plus, plus natura, premium, premium natura,**
- **general supplement, private supplement,**
- other **hospita** insurance options. Excludes: **hospita private, hospita global**

1.5 Conditions of benefits

1.5.1 General

Benefits are paid only if the treatment is necessary for medical reasons and is administered in an intensive-care hospital. The treatment must be performed by service providers recognized under the KVG.

1.5.2 Intensive-care hospitals

An intensive-care hospital is a medical institution that provides medical and nursing care, equipped with the necessary technical infrastructure to treat patients in need of constant medical observation for reasons of illness, accident or childbirth.

1.5.3 Hospital list

Hospital treatment must take place in hospitals that appear on the approved list of the canton of location or canton of residence in accordance with Art. 39 KVG. Reduced benefits are payable for treatment in other hospitals.

1.5.4 Treatment outside the canton for medical reasons

In accordance with statutory provisions (Art. 41/3 KVG), the canton of residence meets the additional costs of medically indicated hospitalization outside the canton.

1.6 Accident cover

Accident cover may be excluded from **hospita** insurance (with the exception of **hospita private accident**). **hospita private accident** cover is designed to cover the otherwise uninsured costs of treatment on a private ward in an acute care hospital in the event of an accident.

1.7 Insurance options

1.7.1 Benefit levels

hospita insurance operates at the following benefit levels:

hospita general: treatment in the general ward of an intensive-care hospital with a recognized charge scale anywhere in Switzerland (multiple occupancy).

hospita semi-private: semi-private ward (two-bed room) of an intensive-care hospital with a recognized charge scale anywhere in Switzerland.

hospita private: private (single-bed) room in an intensive-care hospital anywhere in Switzerland.

hospita private accident:

- emergency treatment in the event of an accident: private ward of an intensive-care hospital anywhere in the world,
- treatment of the consequences of an accident: private ward of an intensive-care hospital anywhere in Switzerland in the event of an accident.

hospita global: private (single-bed) room in an intensive-care hospital anywhere in the world.

hospita flex: a general or semi-private ward of an intensive-care hospital of the patient's choice with a recognized charge scale anywhere in Switzerland, or a private ward of an intensive-care hospital of the patient's choice anywhere in Switzerland (a cost share will be payable).

hospita comfort: intensive medical treatment and care in a hospital contracted to comfort, as **hospita general** (general ward). Accommodation costs are met for a room with one or two beds, depending on the insured cover. The **hospita** comfort benefit level may be restricted to insured persons residing in a particular region.

1.7.2 Hospitals with a recognized charge scale
Hospitals under contract are those with which the insurer has agreed defined charge scales. The insurer keeps a list of contractual hospitals with accepted tariffs, which can be referred to at any time.

1.7.3 Hospitals under contract to **hospita comfort**
hospita comfort hospitals are those with which the insurer has agreed defined charge scales as appropriate. The insurer keeps a list of **hospita comfort** hospitals. It is amended on an ongoing basis and can be referred to at any time via the insurer.

1.7.4 Absent criteria, maximum charges
If a hospital has no ward-classification criteria or applies criteria that differ from those set out in these provisions, its wards are treated as private for insurance purposes. The insurer may set maximum tariffs on general, semi-private and private wards, which serve as a criterion for categorising the insured hospital wards. These maximum charges depend on the rates charged by and agreements with a comparable hospital with a recognized charge scale located in the region where the insured person lives.

Any maximum tariffs set can be checked with the insurer.

1.7.5 Hospital classification

Hospitals which do not fulfil these categorisation criteria – i.e. which do not have a general and/or semi-private ward, or which only have a private ward in line with these provisions – will be added to a list kept by the insurance provider, which may be referred to.

2 Inpatient treatment

2.1 Intensive care

2.1.1 Benefit conditions

hospita provides inpatient benefits, insofar and as long as the policyholder requires hospitalization in line with the basic insurance policy.

2.1.2 Benefit coverage

Subsequent to the basic insurance benefits, **hospita** takes on the costs of hospital stays on the ward the policyholder is insured for according to their chosen coverage level.

Not covered is the share of costs to be paid under the basic insurance including the daily contribution to the costs of the hospital stay.

2.1.3 Treatment in a higher class of hospital ward
If treatment takes place in a hospital ward of a higher category than is covered, the following maximum benefits apply.

hospita general: the costs which would have been incurred in an insured hospital ward. If these cannot be determined, **hospita** pays a daily flat rate:

CHF 30 per day

hospita semi-private: the costs which would have been incurred in an insured hospital ward. If these cannot be determined, **hospita** pays a daily flat rate:

CHF 120 per day

hospita comfort: insured persons with cover in a two-bed room under **hospita comfort** will receive benefits equivalent to their insurance cover if they stay in a single-bed room of a comfort-contracted hospital.

If persons holding **hospita comfort** insurance are treated and accommodated in a private or semi-private ward of a comfort-contracted hospital, benefits corresponding to their insurance cover are payable.

2.1.4 Treatment in an unlisted hospital

If treatment is obtained in a hospital that does not appear on a cantonal hospital list, the following maximum benefits are payable:

hospita general/comfort	Flat rate of CHF 30 per day
hospita semiprivate/ private/private accident/ flex	The additional costs that would have been incurred for accommodation in the insured ward of a reference hospital in the canton of residence rather than the general ward.
hospita private accident (emergency)/ global	Full cost cover

2.1.5 Treatment in a non-contracted hospital

Where a person insured under **hospita comfort** is treated in a hospital that does not appear on the insurer's list of comfort contracted hospitals, benefits are limited to the cost of a general ward or the reference charge scale of a comfort contracted hospital in his canton of residence.

2.2 Inpatient rehabilitation

If medical treatment is provided in a multi-purpose sanatorium recognized by the insurer or in a medical-rehabilitation ward or clinic, **hospita** covers the full costs for the first 60 days in accordance with the provisions on intensive care. After that, benefits for long-term treatment are payable – taking account of time already spent in the facility.

	Day 61 to 90	Day 91 to 180
hospita semi-private/ flex	CHF 50	CHF 25
hospita private/ private accident	CHF 70	CHF 35
hospita global	CHF 90	CHF 45

A list of recognized sanatoriums and rehabilitation institutions can be inspected at the insurer at any time.

2.3 Psychiatric clinics

hospita covers the full costs of inpatient treatment in a psychiatric clinic and psychiatric treatment in an intensive-care hospital or a special clinic for 90 days, in accordance with the provisions on intensive care. No benefits are payable under **hospita private accident**.

If treatment lasts for longer than this, the following flat-rate daily allowances are paid for treatment in the corresponding ward:

	Day 91 to 180
hospita general/ comfort	CHF 20
hospita semi-private/ flex	CHF 50
hospita private	CHF 70
hospita global	CHF 90.

These benefits are payable only once within a period of three calendar years. If treatment is provided in a ward of a lower category than the patient is insured for, benefits are payable according to the **hospita** variant for the ward actually used.

2.4 Benefits abroad

2.4.1 In emergencies

Subsequent to the basic insurance benefits, **hospita** takes on the costs of emergency inpatient treatment in an acute hospital during a temporary stay abroad, providing up to full coverage of costs on the insured ward. Benefits are paid for as long as repatriation is not medically possible, subject to a maximum of one year.

2.4.2 Elective treatment abroad

hospita global benefits are also provided if the insured person travels abroad with the intention of obtaining treatment. The other benefit levels provide the same benefits as for treatment in an unlisted hospital.

2.4.3 Procedure for hospital accommodation

In the event of inpatient treatment, a cost assumption request must be submitted to the insurer immediately or within 10 days of admittance to the hospital at the latest.

3 Spa treatment

3.1 Recovery cures

There is freedom to choose between the convalescence facilities – under the management of health professionals – approved by the insurer. The recognized convalescence facilities are compiled into a list, which can be referred to at any time via the insurer.

hospita provides the following benefits for medically prescribed recovery cures following intensive-care hospital treatment, for a maximum of 21 days in each case:

hospita general/comfort	CHF 40 per day
hospita semi-private/flex	CHF 70 per day
hospita private/private accident	CHF 90 per day
hospita global	CHF 110 per day

3.2 Spa treatment

hospita pays the following benefits for a maximum of 21 days per calendar year:

hospita general/comfort	CHF 10 per day
hospita semi-private/flex	CHF 20 per day
hospita private/private accident	CHF 30 per day
hospita global	CHF 40 per day

There is freedom to choose between the spas – under the management of health professionals – approved by the insurer. The list of approved spas is amended or added to on an ongoing basis and can be referred to at any time via the insurer.

The contribution to the costs of spa treatment is made irrespective of whether the insured person receiving treatment stays at the spa itself or in a hotel, guest house or private rooms at the spa location.

The insurer may request an initial examination by a health professional at the time of admission to a convalescence facility and a final examination with a concluding report to be sent to the referring doctor.

3.3 Other treatment

At the request of the insurer's independent medical examiner, a fixed payment may be arranged up to the amount of the spa contribution in the event of a special medical indication for other convalescence treatments prescribed by a health professional

3.4 Procedure during a spa stay

The prescription, by a health professional, for a convalescence stay, including diagnosis, must be submitted to the insurance provider two weeks before admittance to the convalescence facility.

If a course of treatment is interrupted, partial treatment costs can only be met if the interruption was due to an illness or other compelling reasons and a certificate to that effect is provided by the spa doctor.

4 Special benefits

4.1 Home help

4.1.1 Principle

When a hospital stay can be avoided or its duration reduced, **hospita** contributes, on medical instructions, to the cost of home help where this is required on grounds of health or of domestic and family circumstances.

4.1.2 Benefit coverage

hospita makes a contribution per calendar year towards the costs of recognized home helps. The benefits are payable even if there is no agreement between the service providers and the insurer.

Benefits are paid as follows:

hospita general/comfort	Up to CHF 20 per day, max. CHF 280
hospita semi-private/flex	Up to CHF 35 per day, max. CHF 490
hospita private/private accident	Up to CHF 45 per day, max. CHF 630
hospita global	Up to CHF 55 per day, max. CHF 770

If the insured person is responsible for the care of at least one child, benefits are doubled.

No benefits are payable for accommodation in a nursing home.

4.1.3 Service providers

A recognized home help is one who looks after the insured person's household on his behalf by way of trade for his or her own account, or for a Spitex organization under contract to the insurer.

Contributions are also paid if this help is provided by members of the insured person's family who suffer a demonstrable loss of earnings as a result, or can give evidence of appropriate travel expenses.

Instead of home-help benefits, the same contributions can be paid for care services provided by commercial Spitex companies if these receive no remuneration under the basic insurance.

4.2 Transport costs, rescue and recovery actions in emergencies

For:

- medically necessary emergency transportation to the nearest suitable hospital by appropriate means of transport,
- return transport to a suitable hospital in the canton of residence of the insured person for inpatient treatment,
- rescue and recovery operations

the following contributions can be provided by **hospita**:

100% of the costs

Transportation by air is paid for only if it is essential for medical or technical reasons.

4.3 Rooming-in

If a young child requires inpatient treatment, then **hospita** shall partially reimburse the costs of a simultaneous stay by a parent in the child's room or at accommodation outside the hospital under the child's insurance.

Up to CHF 100 per day

If a parent requires inpatient treatment, then **hospita** shall partially reimburse the costs of a simultaneous stay by a young child in the same room as the parent under the parent's insurance.

Up to CHF 100 per day

In the event of an inpatient birth, **hospita** shall partially reimburse the costs of a simultaneous stay in a family room by the accompanying parent under the mother's insurance.

Up to CHF 100 per day

4.4 Child-care service

4.4.1 Principle

The insured child's **hospita** coverage shall pay contributions for care and support services provided by an institution recognized by the insurer for children up to the age of twelve. A contractual arrangement between the insurer and the institution is a precondition for this.

4.4.2 Benefit conditions

The benefits are provided if, in the opinion of the recognized institution, the child is in need of care following an acute illness or accident. Benefits are restricted to nursing and care provided by specialist staff. Children are entitled to benefits for as long as the persons responsible for bringing them up pursue gainful employment during the period when care is required.

4.4.3 Benefit coverage

hospita makes the following contributions to the insured child's nursing and care:

Up to CHF 30 per hour, max. CHF 600 per calendar year

4.5 Medical treatment following accidents (hospita private accident)

4.5.1 Private consultations with hospital doctors and treatment by doctors who are not under KVG contract

If the insured person is not covered by **premium** or **private supplement**, **hospita private accident** contributes towards the costs of private outpatient consultations with senior university hospital doctors and of treatment by doctors who are not under KVG contract in accordance with the recognized KVG scale.

4.5.2 Emergency medical treatment abroad

If the policyholder is not covered by **premium** or **private supplement**, then in the event of emergency medical treatment abroad, the costs will be fully covered by **hospita private accident** subsequent to the basic insurance benefits.

5 Maternity

5.1 Costs of inpatient treatment

hospita covers the uncovered costs of a birth in a hospital or maternity unit for the mother and the newborn infant in accordance with the agreed level of insurance for the mother.

If the child is not insured with the insurer, the mother's **hospita** pays the costs that are not otherwise covered, over and above any other insurance covering the child.

If the mother is not insured with the insurer, the child's **hospita** cover meets its otherwise uncovered costs in addition to the mother's insurance.

5.2 Birth in a maternity clinic

5.2.1 Inpatient birth

The following benefits are provided where birth takes place in a maternity unit recognized by the insurer but not entered on the cantonal hospital list:

hospita general/comfort	90%, up to max. CHF 1,000 per birth
hospita semi-private/flex	90%, up to max. CHF 2,000 per birth
hospita private/global	Full cost-cover

For persons insured under **hospita flex**, the additional cost share as per to the **hospita flex** provisions does not apply.

5.2.2 Outpatient birth

If the child is born on an outpatient basis in a maternity unit recognized by the insurer, the supplementary benefits not covered by the basic insurance will be provided in line with Art. 5.2.1

5.3 Home help after childbirth

5.3.1 Principle

hospita pays contributions to the costs of medically prescribed home help by personnel recognized by the insurer. They are paid instead of the ordinary **hospita** Spitex benefits.

Contributions are also paid if this help is provided by members of the insured person's family who suffer a demonstrable loss of earnings as a result.

5.3.2 Hospital birth

The following benefits are payable following a hospital birth:

hospita general/comfort	Up to CHF 40 per day, max. CHF 560
hospita semi-private/flex	Up to CHF 70 per day, max. CHF 980
hospita private	Up to CHF 90 per day, max. CHF 1,260
hospita global	Up to CHF 110 per day, max. CHF 1,540

5.3.3 Home birth

In the event of a home or outpatient birth the following benefits are paid:

hospita general/comfort	Up to CHF 60 per day, max. CHF 840
hospita semi-private/flex	Up to CHF 105 per day, max. CHF 1,470
hospita private	Up to CHF 135 per day, max. CHF 1,890
hospita global	Up to CHF 165 per day, max. CHF 2,310

5.4 hospita private accident

hospita private accident does not provide any maternity benefits except for the rooming-in provision.

6 Accident supplement

Following an accident-related hospital stay, the remedial aids required for subsequent treatment are covered as per compulsory accident-insurance practice.

The costs of remedial aids which replace a part of the body or a body function are covered to the same extent if these were impaired in connection with an accident which necessitated hospital treatment.

7 hospita variant with a no-claims discount (NCD)

7.1 Principle

In the variant with a no-claims discount, a premium discount is granted if no claims are made.

7.2 Observation period

The observation period begins on 1 September or at the start of insurance and ends on the subsequent 31 August. Whether a cost falls within the observation period depends on the date on which the invoice is processed.

7.3 Discount levels

The following bonus levels or discounts apply to the **hospita** variant with a no-claims discount:

Discount level NCD hospita	Premium under hospita no-claims discount
0	Standard hospita premium +20%
1	Standard hospita premium
2	Standard hospita premium -30%

The premium for **hospita** with a no-claims discount is stated in the policy document. The insurer may introduce new discount levels with effect from the beginning of a new insurance period, and also adjust discounts in the light of inflation.

7.4 NCD level adjustment

If the person insured under **hospita** with no-claims bonus has drawn no benefits for three successive observation periods at the same bonus level, the level is raised with effect from 1 January of the fourth year (unless he has already reached the maximum bonus level).

7.5 Level adjustment when benefits are drawn

If the insured person draws benefits during an observation period, the level is reduced by one with effect from 1 January of the following year (unless he has already reached bonus level 0).

7.6 Maternity benefits

The costs of hospital treatment for maternity and post-natal home help do not count for calculation purposes; these costs are not regarded as benefits and therefore do not have any impact on the bonus level.

7.7 Complementary insurance

Switching from **hospita** with a no-claims discount to standard **hospita** cover requires a declaration of health, except for insured persons with a maximum discount who have drawn no benefits during the current observation period.

8 hospita flex cost share

8.1 Cost-share coverage

hospita flex enables the insured person to choose a ward before admission to a hospital. The choice of ward determines the cost share.

In the event of hospital care, **hospita flex** benefits are subject to the following cost share per calendar year, depending on the ward chosen:

Ward	Three options for cost contributions with respect to services from hospita flex		
	Option 1	Option 2	Option 3
General ward	None	None	None
Semi-private ward	25% up to CHF 3,000 per calendar year	15% up to CHF 1,500 per calendar year	None
Private ward	No Sympany cost cover	25% up to CHF 4,500 per calendar year	20% up to CHF 3,000 per calendar year
Maximum cost contribution for families*	CHF 3,000 per calendar year	CHF 4,500 per calendar year	CHF 3,000 per calendar year

This cost share also applies to maternity.

The cost share does not apply if **hospita** pays a flat-rate benefit in accordance with these insurance conditions, except for **hospita** insured benefits in other countries. These are subject to the appropriate cost share.

The cost share may be adjusted in the light of inflation.

The statutory share of the costs of basic insurance will be levied in addition.

* If two or more people living in the same household (family policy) are insured under **hospita flex**, policyholders may apply for a refund of cost contributions which exceed the maximum. Where the persons covered by a family policy are insured under different variants of **flex**, with different cost contributions, the maximum cost contribution of CHF 4,500 applies.

9 Age groups

Age-based rates apply to this insurance category. This means that premiums in this insurance category tend to rise as the insured person progresses to each subsequent higher age group:

hospita general (years of age)					
0-18	26-30	36-40	46-50	56-60	71-80
19-25	31-35	41-45	51-55	61-70	81+

hospita semi-private, hospita private, hospita private accident, hospita global, hospita flex, hospita comfort (years of age)						
0-18	26-30	36-40	46-50	56-60	66-70	76-80
19-25	31-35	41-45	51-55	61-65	71-75	81+

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