

Supplementary Conditions (SC)

Top-up insurance

Visana Managed Care (FLIC) Outpatient treatment

Note:

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

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

What is insured?

The following are insured under the Top-up Insurance for Cost of Treatment Outpatient (in the following Outpatient):

1. Contributions for outpatient treatment, examinations and preventative measures, as well as medication and aids supplementary to mandatory healthcare insurance.
2. Vacanza Travel Insurance by Visana for eight weeks per journey.
3. Assistance insurance by Visana for 24-hour emergency service within Switzerland.

What are the options under Managed Care for outpatients?

Under Managed Care top-up insurance for outpatient treatment you can choose between levels I, II and III, where level I provides the least cover and level III provides the most comprehensive cover.

You can choose Managed Care top-up insurance for outpatients, provided you already have basic mandatory Managed Care insurance. You are free to choose the level.

If the Managed Care basic insurance ends, Managed Care top-up insurance for outpatient treatment will be converted into top-up insurance for outpatients. If you wish to terminate top-up insurance for outpatient treatment you have to notify Visana one month before basic Managed Care insurance ends.

You are obliged to use the services covered under this insurance only based on a consultation or prescription by a 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. This restriction does not apply to contributions for glasses and contact lenses, maternity care, preventative gynaecological examinations, and dental treatment.

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.

A Outpatient treatment, examinations, preventative measures, medication, and aids

1. General

1.1 What conditions have to be met?

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

Managed Care provides outpatients with benefits for effective, purposeful, and cost-effective diagnostic and therapeutic measures, medication, and aids.

Benefits are paid only supplementary to the mandatory healthcare insurance. Managed Care for outpatients includes neither cost portions covered under mandatory healthcare insurance nor any deductibles defined under mandatory healthcare insurance. Only costs that were in effect incurred are reimbursed.

Accident cover cannot be excluded.

2. Benefits schedule

Benefits from Managed Care top-up insurance for outpatient treatment are calculated based on treatment cost not covered under mandatory healthcare insurance. The benefits from mandatory insurance will deducted in advance. The percentages in the table below are the remaining cost portions of the treatment.

Managed Care for outpatients	I	II	III	IV Closed ward	Special Provisions
Doctors not under contract					Para. 3.1

<p>The rate for mandatory healthcare insurance, maximum the double rate for mandatory healthcare-insurance</p> <p>Medications (prescribed by a doctor)</p> <ul style="list-style-type: none"> ■ Medications approved by Swissmedic, the Swiss Agency for Therapeutic Products, for the indication in question ■ Medications as per list of Visana <p>Together, maximum per calendar year No contribution to preparations on the list of pharmaceutical preparations with special uses (LPPV).</p> <p>Cosmetic surgery Correction of protruding auricles at the local rate</p> <p>Sterilisation/vasectomy (at the local rate)</p> <p>Non-medical psychotherapy Rate for mandatory healthcare insurance Maximum per calendar year</p> <p>Oral surgery (At the mandatory healthcare insurance rate)</p> <ul style="list-style-type: none"> ■ Frenulum resection ■ Root tip resection ■ Tooth extraction with separation or exposure ■ Removal of a retained/impacted tooth ■ Surgical removal of wisdom teeth (Incl. anaesthesia, necessary X-ray and follow-up treatment) <p>Maximum per calendar year</p> <p>Orthodontic work (At the mandatory healthcare insurance rate) Maximum per insured person (diagnosis, planning, treatment incl. devices, checkups until completion)</p> <p>Aids and medical equipment (Prescribed by a doctor) Contribution to purchase or hire in addition to social insurance (KV, UV, IV, AHV, EL, EMV) Maximum per calendar year</p> <p>Glasses and contact lenses</p> <ul style="list-style-type: none"> ■ Children and young people up to age 18 Maximum per calendar year ■ Adults Maximum every three years Maximum per calendar year <p>Glasses/contact lenses with a correction of more than 10 dioptr Max-</p>	<p>90 %</p> <p>50 % CHF 1'000.–</p> <p>90 %</p> <p>90 %</p> <p>25 % CHF 500.–</p> <p>80 % CHF 10'000.–</p> <p>90 % CHF 1'000.–</p> <p>90 % CHF 200.– 90 % CHF 200.–</p> <p>90 % CHF 750.–</p>	<p>90 %</p> <p>50 % unlimited</p> <p>90 %</p> <p>90 %</p> <p>50 % CHF 1'000.–</p> <p>80 % CHF 10'000.–</p> <p>90 % CHF 2'000.–</p> <p>90 % CHF 250.– 90 % CHF 250.–</p> <p>90 % CHF 750.–</p>	<p>90 %</p> <p>50 % unlimited</p> <p>90 %</p> <p>90 %</p> <p>90 % CHF 5'000.–</p> <p>90 % unlimited</p> <p>90 % unlimited</p> <p>90 % CHF 500.– 90 % CHF 500.–</p> <p>90 % CHF 750.–</p>	<p>90 %</p> <p>50 % unlimited</p> <p>90 %</p> <p>90 %</p> <p>90 % CHF 5'000.–</p> <p>90 % unlimited</p> <p>90 % unlimited</p> <p>90 % CHF 500.– 90 % CHF 500.–</p> <p>90 % CHF 750.–</p>	<p>Para. 3.2</p> <p>Para. 3.3</p> <p>Para. 3.4</p>
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imum per calendar year No benefits for the cost of the frame or cost of adjusting contact lenses					
Home help and home nursing care					Para. 3.5
Contribution per day for maximum of 30 days per calendar year		CHF 50.–	CHF 100.–	CHF 100.–	
Contribution per day for maximum of a further 30 days per calendar year		CHF 25.–	CHF 50.–	– CHF 100.–	
Maternity					
Check-ups and ultra-sound scans (at the mandatory healthcare insurance rate)		90 %	90 %	90 %	
Pregnancy and postnatal exercise			90 %	90 %	
Maximum per pregnancy			CHF 300.–	CHF 300.–	
Preventative examination / check-up					
Preventative gynaecological examination (At the mandatory healthcare insurance rate)					
Check-up every three years (at the mandatory healthcare insurance rate)	90 %	90 %	90 %	90 %	
Maximum	90 %	90 %	90 %	90 %	
	CHF 200.–	CHF 300.–	CHF 600.–	CHF 600.–	
Protective and travel vaccinations					
(At the mandatory healthcare insurance rate)	90 %	90 %	90 %	90 %	
Maximum per calendar year	CHF 100.–	CHF 200.–	unlimited	unlimited	
Transport and travel expenses					Para. 3.6
Medically necessary patient transport to the nearest hospital	90 %	90 %	90 %	90 %	
(at the mandatory healthcare insurance rate)	CHF 10'000.–	CHF 20'000.–	unlimited	unlimited	
Maximum per calendar year		50 %	50 %	50 %	
Travel expenses		CHF 2'000.–	CHF 2'000.–	CHF 2'000.–	
Maximum per calendar year					
Search, rescue, and recovery costs					Para. 3.7
Maximum per calendar year For recovery of the remains, transport costs up to the point at which the remains are placed in the coffin will be taken into account	90 %	90 %	90 %	90 %	
	CHF 25'000.–	CHF 25'000.–	unlimited	unlimited	
Outside of Switzerland					
■ Benefits in accordance with the schedule of Managed Care for out-patientst	No	No	Yes	Yes	
■ In addition, eight weeks' Vacanza travel insurance benefits per trip	Yes	Yes	Yes	Yes	
No benefits are paid if insured persons go abroad for the purpose of obtaining treatment.					

3. Special provisions

3.1 Treatment by doctors not under contract

This refers to doctors with a Swiss license who choose not to provide mandatory healthcare services in accordance with Art. 44 para. 2 of the Federal Law on Health Insurance (FLHI/KVG).

3.2 Medication

Visana keeps a list of medications for which only 50% of the billed costs are covered. This list is subject to para. 7.1 GCC under which Visana reserves the right to make changes. If the Federal Office of Public Health's list of proprietary drugs defines a limit for a medication with a view to combating abuse,

Managed Care top-up insurance for outpatient treatment reimburses the cost of the medication only up to that limit.

If the Federal Office of Public Health's limits reimbursement for a medication under the mandatory healthcare insurance, any difference from the purchase price under Managed Care I + II for outpatients will not be covered. In the case of non-standard producer prices or price adjustments (e.g. if higher than recommended by the Federal Drugs Commission), benefits can be reduced. The same applies in the case of excessive price margins by doctors, pharmacists or hospitals.

Such a reduction is possible only if negotiations with the producers, doctors, pharmacists or hospitals have failed.

3.3 Non-medical psychotherapy

Benefits for non-medical psychotherapy are only covered if the psychotherapist has cantonal authorisation to practise psychotherapy as per the Psychology Professions Act (Psy-PA/PsyG) and is not allowed to charge via the compulsory health insurance. The non-medical psychotherapy must serve to treat an illness.

3.4 Aids and medical equipment

For expensive, reusable aids, a commitment to cover the cost has to be obtained from Visana in advance (para. 8.1 GCC). Visana has the right to supply such devices or to arrange for them to be supplied.

3.5 Home help and home nursing care

Benefits will be paid for routine household work, provided that a prescription has been issued by a doctor and the work is carried out

- by staff from a home care organisation or
- by a person who is not one of the patient's close relatives, or
- by a person who does not live in the same household.

Close relatives include the partner, parent, and child and their partner, as well as siblings and their partner.

The contributions will also be paid if a close relative gives up or suspends their professional activity in order to care for the insured person.

Under home nursing care, contributions will be paid for home nursing care provided by trained staff on the instruction of a doctor with a view to avoiding or reducing a hospital stay or rehabilitation period.

3.6 Travel expenses

Benefits are paid for travel expenses in the case of a special series of outpatient treatment only if the treatment is administered in defined treatment centres located far from the patient's residence (e.g. at a university clinic). These include, in particular, haemodialysis, paralysis-related treatment, and radiotherapy for cancer.

Benefits are calculated based on the cost of a second-class ticket by public transport or CHF 0.60 per km for a private means of transport (incl. taxi).

3.7 Rescue costs

Rescue differs from the wider definition of transport in that the insured has to be freed from a life-threatening situation.

The scope of benefits is defined in the General Conditions of Contract (GCC) FLIC 2022 for Vacanza Travel Insurance by Visana.

C Assistance emergency service

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) 2012 of "Visana Assistance CH" by Visana.

The integral parts of Managed Care top-up insurance for outpatients treatment are:

- Visana's list of medications
- GCC FLIC 2022 for Vacanza travel insurance by Visana
- GCC 2012 for the service benefits in «Visana Assistance CH» by Visana.

B Vacanza travel insurance

Vacanza Travel Insurance covers costs, not covered otherwise and at the most for eight weeks per trip, that are incurred from sickness or accident while the insured person travels abroad.

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.