Combined

Supplementary Terms and Conditions

Contents

Where these Supplementary Terms and Conditions do not expressly use the feminine form, the masculine form shall be understood as including women.

Art. 1 Purpose

1. In accordance with its GTC/IPA, Sumiswalder manages a combined insurance policy (known as Combined).

2. Within the scope of these Supplementary Terms and Conditions, the purpose of Combined is to cover costs, in addition to basic insurance, incurred during a stay at a hospital or spa. In addition, Combined contributes towards domestic help, outpatient operations, transport, travel costs, dental alignment and benefits abroad, also in addition to basic insurance.

Art. 2 Taking out supplementary insurance or increasing the cover

Anyone who is insured with Sumiswalder as part of compulsory health care and has not yet reached the age of 70 can submit an application to take out or increase Combined insurance.

Art. 3 Insurance options

3.1 Benefit levels

There are three insurance levels: Combined 1, Combined 2, Combined 3. The benefits offered under Combined 1 are the smallest, those offered under Combined 3 are the highest.

With regard to stays in hospital, the various insurance levels include the following benefits:

Combined 1 Stay in accordance with the standard of a general ward in a public or private acute care hospital in Switzerland (multiple occupancy room)

Combined 2+ Semi-private ward in a public or private acute care hospital in Switzerland (2-bed room)

Combined 3 Private ward in a public or private acute care hospital in Switzerland (1-bed room)

3.2 Selectable cost contribution

Combined 2 and Combined 3 can be taken out with a selectable cost contribution against a premium reduction. The selected cost contribution is only charged for stays in acute care hospitals or psychiatric clinics.

- CHF 100/day, max. CHF 2,000/calendar year
- CHF 100/day, max. CHF 3,000/calendar year
- CHF 100/day, max. CHF 5,000/calendar year

Art. 4 Insurance benefits/duration of benefits

4.1 Prerequisites

Sumiswalder shall provide the benefits of Combined insofar and as long as the insured person's state of health requires treatment and care in a Swiss hospital, i.e. the necessary domestic care measures would not be possible or would be uneconomical. Hospital treatment within the meaning of these Supplementary Terms and Conditions is considered to be treatment which, according to general medical assessment, requires an inpatient stay of at least 24 hours.

4.2 Treatment in an acute care hospital

4.2.1 Assumption of costs/benefits

Combined covers the costs of examinations and treatment by doctors, dispensed or prescribed medications, laboratory analyses and treatment by medical-therapeutic assistants. Combined also covers the costs of accommodation, meals and basic care.

Personal expenses for drinks, meals for relatives, radio, television, hairdresser, death costs, administrative fees and telephone charges, etc. are not covered under any circumstances.

4.2.2 Treatment in a higher ward category

The outlay by Sumiswalder is based on the rates applied by the hospital on the ward corresponding to the chosen insurance level (general, semi-private or private wards). If the insured person goes to a higher ward category, Combined only covers the costs up to the level insured; if these are impossible or difficult to determine, the insured person must bear 1/3 of the costs if they go to the next higher ward category, or 2/3 if they go to the ward category above that.

4.2.3 Inpatient rehabilitation

In the case of stays by insured persons requiring hospital care in a multi-purpose sanatorium, medical rehabilitation ward or clinic recognised as a hospital, the provisions under 4.2.1 shall apply mutatis mutandis for the first 30 days. For longer stays, the conditions in 4.3 apply.

4.2.4 Insurance cover for newborns

With regard to giving birth, the costs of the healthy newborn are also covered for as long as the newborn stays in hospital with the mother.

4.3 Benefits for chronically ill and addicted patients

4.3.1 Assumption of costs/benefits

In the event of permanent and uniform health impairments, which require care or isolation but do not require a constant and immediate medical on-call service, Combined reimburses the defined benefits as follows:

Daily flat rate for the first 90 days - Combined 1 CHF 40 - Combined 2 CHF 50 - Combined 3 CHF 60 Daily flat rate from day 91 - Combined 1 CHF 20 - Combined 2 CHF 25 - Combined 3 CHF 30 These benefits are provided for a maximum of 90 days. The benefits are provided once within three calendar years.

4.3.2 Treatment for chronic conditions

If a stay in an acute care hospital assumes the characteristics of treatment for chronic conditions as defined under 4.3.1, Sumiswalder shall reduce benefits to the levels stipulated under 4.3.1. However, this is only permitted after one month's prior notice has been given to the insured person.

4.4 Psychiatric clinics

In the event of a stay in a psychiatric clinic (including inpatient psychiatric treatment in acute care hospitals), Combined covers the costs in full in accordance with the provisions for acute treatment for 90 days. The daily flat rates and the duration of benefits from the 91st day are set as follows:

Daily flat rate from day 91 - Combined 1 CHF 50 - Combined 2 CHF 70 - Combined 3 CHF 90 These benefits are provided for a maximum of 90 days. The benefits are provided once within two calendar years.

4.5 Spa and convalescence cures

4.5.1 Spa cures

In the case of spa cures ordered by a doctor and taking place in Switzerland, Combined shall cover the costs of medical care, therapy, accommodation and meals as set out below for a maximum of 21 days in a calendar year, up to a maximum of the actual costs incurred. This amount is also only paid if intensive medical treatment has been provided for the condition in question prior to the cure and if intensive physiotherapy is provided during the cure (use of the thermal bath does not count as such treatment).

Benefits for spa cures in medically managed establishments - Combined 1 CHF 30/day - Combined 2 CHF 40/day - Combined 3 CHF 50/day for a total of no more than 21 days within a calendar year. Benefits for spa cures in non-medically managed establishments - Combined 1 CHF 20/day - Combined 2 CHF 30/day - Combined 3 CHF 40/day for a total of no more than 21 days within a calendar year.

In addition to the benefits mentioned above, Combined supports further spa cures if the attending doctor considers such balneological measures to be absolutely necessary in a medically managed domestic health spa.

4.5.2 Convalescence cures

In the case of convalescence cures ordered by a doctor and taking place in Switzerland, Combined will cover the costs of medical care, therapy, accommodation and meals as set out below for a maximum of 28 days in a calendar year, up to a maximum of the actual costs incurred. This amount is only paid if intensive medical treatment has been provided for the condition in question prior to the cure.

Benefits for convalescence cures in medically managed establishments - Combined 1 CHF 30/day - Combined 2 CHF 40/day - Combined 3 CHF 50/day for a total of no more than 28 days within a calendar year. Benefits for convalescence cures in non-medically managed establishments - Combined 1 CHF 20/day - Combined 2 CHF 30/day - Combined 3 CHF 40/day for a total of no more than 28 days within a calendar year.

4.6 Domestic help

4.6.1 Basic principle

Combined pays out the benefits listed below for the costs of domestic help prescribed by a doctor, which is provided by a Spitex organisation or other organisations or private persons approved under the HIA. They are in addition to the benefits from compulsory health insurance.

4.6.2 Documentation

In order to pay benefits as defined under 4.6.1, the following documents must be submitted before or at the latest within five days of using the domestic help service for the first time:

4.6.2.1 Spitex contract organisations

For domestic help services delivered by Spitex contract organisations:

A substantiated written request as well as a medical report detailing the type of existing ailments, degree of care or need for help, type, extent and duration of the planned assistance. If the domestic help service lasts more than 90 days, a corresponding medical report must be submitted again. Sumiswalder may request further documentation.

Domestic help prescribed by a doctor - Combined 1 max. CHF 20/hour max. CHF 2,700/calendar year - Combined 2 max. CHF 27/hour max. CHF 3,600/calendar year - Combined 3 max. CHF 34/hour max. CHF 4,500/calendar year These benefits are provided for a maximum of three hours per day.

4.6.2.2 Non-Spitex contract organisations

For domestic services provided by persons from non-Spitex organisations:

The same documents as in 4.6.2.1, if private individuals are involved (i.e. if the home-help organisation does not issue an invoice), a written application and the precise personal details (incl. address) of the person providing assistance must be submitted to Sumiswalder instead of these documents.

4.6.2.3 Reclaiming

The invoices to be submitted must contain the exact dates of the assistance provided and details of the respective hours worked each time. In the case of care by private individuals, the receipted invoices must be submitted.

4.7 Operations performed on an outpatient basis

The costs of outpatient operations in a medical institution (including associated ancillary medical services) are covered by Combined. The insured person's cost contribution to the total amount under the HIA is not covered.

4.8 Transport to hospital

4.8.1 Assumption of costs/benefits

Sumiswalder bears the costs of medically justified ambulance transport within Switzerland under Combined for

- transport by ambulance, and
- transport by aircraft

in the event of transfer from the place of illness or rescue or from hospital to hospital. If a member (donor) is a member of an air-rescue service or similar organisation, Sumiswalder will not cover any costs.

4.8.2 For stays abroad

If Sumiswalder has to provide benefits during stays abroad, it will also cover any transport costs (including repatriation).

4.8.3 Benefit limit

The costs in accordance with 4.8.1 and 4.8.2 shall be reimbursed up to a maximum set by Sumiswalder as follows:

The actual costs up to a maximum amount of CHF 10,000 within three calendar years, in addition to compulsory health insurance.

4.9 Search and rescue operations

Search and rescue operations are carried out as follows:

Combined reimburses a maximum of CHF 10,000 per event.

4.10 Travel expenses

Travel expenses for treatment in certain treatment centres far from the insured person's place of residence (e.g. university clinics) are covered by public transport (2nd class) as follows:

The second class train ticket is covered for public transport. When using third-party cars (including taxis), the rate is CHF 0.50 per kilometre. Journeys in your own car (e.g. for dialysis patients) are reimbursed at CHF 0.25 per kilometre. Maximum per calendar year: - Combined 1 CHF 2,000 - Combined 2 CHF 3,000 - Combined 3 CHF 4,000

4.11 Orthodontic corrections

Sumiswalder covers the costs of alignment corrections for children up to the age of 20 as follows:

Orthodontic corrections, including check-ups, are covered at 90%. Maximum per calendar year: - Combined 1 CHF 3,000 - Combined 2 CHF 4,000 - Combined 3 CHF 5,000

4.12 Illness abroad

4.12.1 Acute

Sumiswalder provides the following benefits in the event of illness during a stay abroad during the acute phase in a medically managed institution:

The following benefits are provided in addition to compulsory health insurance: Combined 1 CHF 100 towards the cost of accommodation and meals per day of stay CHF 50,000 towards the other costs per calendar year Combined 2 CHF 200 towards the cost of accommodation and meals per day of stay CHF 75,000 towards the other costs per calendar year Combined 3 CHF 300 towards the cost of accommodation and meals per day of stay CHF 100,000 towards the other costs per calendar year

4.12.2 Planned intervention

No benefits are paid if an insured person goes abroad for treatment.

Art. 5 Deposit payments, declarations of guarantee

If hospital treatment in Switzerland falls under the obligation to pay benefits from Combined, Sumiswalder shall pay the deposit or provide a guarantee for the payment of the invoice, insofar as this is permitted under the relevant insurance policy.

Art. 6 Unusual fees

If the required fees and other costs for hospital treatment or outpatient operations are calculated at translated or unusual rates, Sumiswalder may demand a corresponding reduction from the invoicing party. To this end, the insured person must submit the unpaid invoices to Sumiswalder, assign their rights and grant Sumiswalder the necessary power of attorney to litigate upon request. If the insured person culpably fails to assign their rights or culpably refuses to grant a requested power of attorney to litigate, Sumiswalder shall reimburse its benefits at the rates it deems appropriate in such cases after issuing a reminder to no avail. If, on the other hand, Sumiswalder does not demand a reduction, it must reimburse the costs shown in full up to the insured amount.

Art. 7 Second opinion

All Combined policyholders have the right to obtain a second opinion from another doctor before an upcoming operation.

Art. 8 No-claims discount

8.1 Bonus system

If Combined policyholders do not claim any benefits during the observation period, Sumiswalder grants a bonus in the form of a no-claims discount.

The observation period runs from 1 August to 31 July of the following year. The discount shall apply in the following calendar year.

If benefits are claimed during the observation period, the discount is reduced by two levels up to a maximum of discount level 0 in the following calendar year.

8.2 Discount levels

The discount is 5% per level. A maximum discount of 30% is granted.

Discount level	Discount
Level 0	0%
Level 1	5%
Level 2	10%
Level 3	15%
Level 4	20%
Level 5	25%
Level 6	30%

Art. 9 Overlapping benefits

If benefits overlap with other social insurance providers (HIA, AIA, MV, OASI, IV, etc.), Combined will only reimburse those costs not covered by these insurers as part of the insured benefits.

Art. 10 Final provisions

Unless there are any special provisions in these Supplementary Terms and Conditions, the GTC/IPA apply.