

Hospitalisation Insurance

Supplementary Health Insurance according to the VVG

Supplementary Conditions (ZB)
Version 01.2027

Table of contents

1	Terms of admission	2
2	Insured benefits	2
3	Entitlement to benefits	5
4	Co-payments	5
5	Benefit restrictions	5

The following Supplementary Conditions (ZB) are based on the General Insurance Conditions (AVB) for Supplementary Health Insurance according to the VVG of CSS Versicherung AG (herein-after referred to as "CSS"), other than where the provisions of the ZB differ from those of the AVB.

1 Terms of admission

- 1.1 Hospitalisation Insurance offers the insured person the choice of two categories of insurance, "Minima" and "Optima".
- 1.2 Both the conclusion of the initial contract for Hospitalisation Insurance and any change from a lower category of benefits to a higher category are expressly subject to the submission of a health declaration and will occur only after the health declaration has been checked and accepted by CSS.
- 1.3 Insurance cover for the consequences of accidents may be excluded. The insured person who excludes accident cover may at any time, on submission of a health declaration, apply for accident cover to be reinstated or included. Reinstatement or inclusion of accident cover will only be granted after the health declaration has been checked and accepted by CSS.

- 1.4 Insurance cover for maternity (all benefits listed in paragraph 2) may be excluded. The insured person may apply for cover to be reactivated or included at any time. In this case, the qualifying period for benefits of 365 days also applies (cf. para. 2.9).

2 Insured benefits

When an insured event occurs, CSS provides the following benefits in addition to and subsidiary to the benefits from other social insurances, in particular those from the mandatory healthcare insurance in accordance with the Federal Health Insurance Act (KVG) and/or the accident insurance in accordance with the Federal Accident Insurance Act (UVG). The scope of benefits in each case for the chosen category of insurance is set out in the following table.

Type of benefit		Minima	Optima
2.1	Territorial validity	Cover throughout Switzerland for elective treatment, worldwide cover for emergency treatment: CSS pays all benefits for diagnostic examinations and medical treatment. During stays abroad, benefits are limited to the acute phase of illnesses if it is inappropriate for the insured person to return to Switzerland immediately (benefit requirements see paragraph 3.5). If it is not possible to ascertain which ward the insured person was treated in on the basis of the paper-work and receipts submitted, CSS pays benefits commensurate with those for a private ward at the insured person's place of residence in Switzerland, including co-payments as agreed in the contract.	
2.2	Free choice of ward (general, semi-private, private) for inpatient treatment	Prior to admission for inpatient treatment, the insured person can choose which ward (general, semi-private, or private) he wishes to be treated or accommodated in. He then pays the respective annual co-payment indicated in the policy.	
2.3	Hospital inpatient	CSS pays the treatment costs and cost of accommodation for hospitalisation as an inpatient in the general, semi-private or private ward of hospitals acknowledged as service providers in accordance with para. 9 AVB on the date of treatment. If treatment is planned in advance (elective treatment) a commitment to provide cover must be obtained from CSS for both the service provider and the ward chosen, at the latest on admission to the service provider's facility. If no commitment to provide cover is obtained prior to admission, no costs will be refunded. In emergencies, a commitment to provide cover must be obtained without delay from CSS for both the service provider and the ward chosen.	
2.4	Hospital outpatient	CSS pays the treatment costs and cost of accommodation for hospitalisation as an outpatient or semi-inpatient in the hospitals acknowledged as service providers for inpatient services (para. 2.3) only if the insured person has no other supplementary CSS insurance for outpatient costs and the outpatient treatment serves to avoid or cut short a period of inpatient hospitalisation which is insured, however only up to 90 % of the maximum amount for inpatient hospitalisation in accordance with the recognised (reference) tariff of the KVG.	
2.5	Inpatient rehabilitation	CSS pays the treatment costs and cost of accommodation for inpatient rehabilitation in the general, semi-private or private ward of rehabilitation clinics acknowledged as service providers in accordance with para. 9 AVB on the date of treatment.	
		For a maximum of 60 days per calendar year	For a maximum of 90 days per calendar year

Type of benefits		Minima	Optima
2.6	Outpatient rehabilitation	CSS pays the treatment costs and cost of accommodation for hospitalisation as an out-patient or semi-inpatient in the rehabilitation clinics acknowledged as service providers for inpatient services (para. 2.5) only if the insured person has no other supplementary CSS insurance for outpatient costs and the out-patient treatment serves to avoid or cut short a period of inpatient rehabilitation which is insured, however only up to 90 % of the maximum amount for inpatient rehabilitation in accordance with the recognised (reference) tariff of the KVG.	
		For a maximum of 60 days per calendar year	For a maximum of 90 days per calendar year
2.7	Inpatient psychiatry	CSS pays the treatment costs and cost of accommodation for hospitalisation as an inpatient in the general, semi-private or private ward of psychiatric clinics acknowledged as service providers in accordance with para. 9 AVB on the date of treatment. A condition for inpatient treatment is that hospitalisation is necessary (the patient requires treatment in a hospital environment, i.e. diagnostic and therapeutic procedures are only possible in hospital because of the equipment and staff required). Longterm hospitalisation in psychiatric day clinics and night clinics will not be paid for by this insurance if hospitalisation is not necessary.	
		For a maximum of 60 days per calendar year	For a maximum of 90 days per calendar year
2.8	Spa treatments and recovery cures	Spa treatments: If the insured person has had substantial prior treatment of the postural and musculoskeletal systems because of an illness, the cure takes place in a spa under medical supervision recognised by CSS, lasts a minimum of two weeks, includes balneotherapy and physical treatment and is medically supervised by the spa doctor. Recovery cures: After hospitalisation in a convalescent home recognised by CSS.	
		For spa treatments and recovery cures combined: maximum CHF 20 per day, up to a maximum of CHF 500 per calendar year	For spa treatments and recovery cures combined: maximum CHF 80 per day, up to a maximum of CHF 2,000 per calendar year
2.9	Maternity	For maternity, CSS provides benefits as shown below after expiry of a qualifying period of 365 days from the beginning of the insurance and if maternity benefits are not excluded from the insurance: a) the same benefits as for illness. b) the costs for an inpatient birth at a birth centre on the cantonal hospital list, corresponding to the amount paid for hospitalisation for childbirth (taking into account the respective co-payment).	
		c) for an inpatient birth at a birth centre not on the cantonal hospital list, CSS pays a one-off maximum contribution of CHF 1,000 without requiring receipts (also applies to multiple births). If the entire period of recovery takes place at the birth centre, but not the actual birth, a one-off maximum contribution of CHF 500 will be paid without requiring receipts.	c) at a birth centre not on the cantonal hospital list, CSS pays the full costs of accommodation for an inpatient birth on being provided with receipts for the actual costs. If the entire period of recovery takes place at the birth centre, but not the actual birth, a maximum of 50 % of the receipted costs will be paid.
		d) for an outpatient birth at a birth centre or at home, CSS pays the following one-off maximum contribution without requiring receipts (also applies in the case of multiple births). These benefits cannot be accumulated.	
		CHF 1,000 per birth	CHF 1,500 per birth

Type of benefit		Minima	Optima
2.10	Newborn babies	a) CSS refunds the cost of accommodation and for initial medical examination of a healthy newborn baby according to the tariff recognised under the KVG while the mother is hospitalised, provided the newborn is insured from birth at least in the "Minima" category of this CSS Hospitalisation Insurance.	
		CSS provides these benefits for a maximum of 10 days after the birth	CSS provides these benefits for a maximum of 30 days after the birth
		b) No benefits are paid for the cost of caring for a healthy newborn baby insured with CSS if the mother is re-hospitalised.	b) A maximum of CHF 100 per day is paid by CSS for the cost of caring for a healthy newborn baby insured with CSS if the mother is re-hospitalised within 10 weeks of the birth.
2.11	Rooming-In	No benefits	If a minor insured with CSS is hospitalised as an inpatient, CSS pays at most CHF 80 per day, up to a maximum of CHF 2,000 per calendar year, from the child's insurance to the cost of accommodation for an accompanying person.
2.12	Inpatient sterilisation	CSS pays the costs of inpatient sterilisation for men and women up to the amounts shown below for each insured event, whereby the co-payment in accordance with the chosen ward and co-payment option applies. These benefits may not be accumulated with benefits from Outpatient Insurance.	
		CHF 500 per insured event	CHF 4,000 per insured event
2.13	Cost of transport to avoid or cut short periods of hospitalisation	CSS pays the cost of transport which serves to avoid or reduce periods of inpatient hospitalisation up to the amounts shown below, provided the insured person has no other supplementary insurance with CSS for transport costs. These benefits may not be accumulated with benefits from Outpatient Insurance.	
		Up to a maximum of CHF 250 per calendar year	Up to a maximum of CHF 1,000 per calendar year
2.14	Chronic illnesses	CSS only pays benefits for hospitalisation for treatment of acute illnesses. No benefits are paid from this insurance for chronic illnesses and/or treatment of chronic illnesses. Chronic illnesses are illnesses for which there is no acute need for hospitalisation as an inpatient. No benefits are paid from this insurance for stays in institutions that do not expressly treat insured persons who are acutely ill; these include nursing homes, homes for the elderly, sheltered housing, hospices for the terminally ill, psychiatric day and night clinics.	

3 Entitlement to benefits

- 3.1 The benefits will be credited to the total amount of insured benefits per calendar year according to the date of treatment or date on which the service was provided. Costs incurred after entitlement to benefits is exhausted may not be carried forward to the following year.
- 3.2 If a limit to the benefits per insured event is agreed, this limit applies regardless of the date of treatment or date on which the service was provided for the individual insured event (including complications and any incidental follow-up or subsequent treatment) and is deemed to be exhausted as soon as all the costs incurred in connection with this insured event have reached the benefits limit.
- 3.3 The benefits and contributions stipulated in the ZB will be paid to the agreed extent solely in addition to and subsidiary to the insurances mentioned in paragraph 31.1 AVB, and in particular to the mandatory healthcare insurance according to the KVG. Proportions of costs covered by these insurances and co-payments arising from these insurances are not insured by Hospitalisation Insurance regardless of whether the insured person is covered by the insurances mentioned.
- 3.4 Unless otherwise stipulated in paragraph 2, at most only the actual receipted costs will be reimbursed.
- 3.5 If treatment is required abroad the CSS Emergency Centre must be contacted immediately (in particular before hospitalisation); it will organise and coordinate the treatment (e.g. two-bed room if available) and issue commitments to provide cover. If the medical treatment is not organised and approved by the CSS Emergency Centre, the entitlement to benefits may be reduced within the scope of the insured person's obligation to mitigate the loss (Art. 24.1 GIC), or if the obligations in the event of a claim (in particular the obligations to provide information, to submit to an examination, to notify and to obtain a commitment to provide cover; Art. 25) are breached, benefits may be refused or determined at the discretion of CSS (Art. 26 GIC). This does not apply to medical treatment where there is danger in delay.

4 Co-payments

- 4.1 The annual co-payments indicated in the policy apply in case of inpatient hospitalisation. In the case of outpatient services a general retention fee of 10 % of costs applies. No co-payment and/or retention fee will be charged for benefits on which a limit is imposed, unless otherwise stipulated in paragraph 2.
- 4.2 Prior to admission for inpatient treatment, the insured person can choose which ward (general, semi-private, or private) he wishes to be treated or accommodated in. He then pays the respective annual co-payment indicated in the policy.
- 4.3 The insured person may apply to change to another co-payment option at any time. A change to another co-payment option with a lower co-payment on the part of the insured person will be granted at the beginning of the month following application, subject to submission and acceptance of a health declaration. If no health declaration is submitted or if such is not accepted by CSS without reservation, any change to the "Optima" category of insurance may only take place at the beginning of the second calendar year subsequent to the application and any such change to the "Minima" category is excluded.
- 4.4 The following co-payment options for Hospitalisation Insurance are available:

	Minima	Optima
Option 1		
General ward:	No co-payment	No co-payment
Semi-private ward:	40 %, up to CHF 8,000 per calendar year	20 % up to CHF 2,000 per calendar year
Private ward:	70 % up to CHF 14,000 per calendar year	35 % up to CHF 4,000 per calendar year
Option 2		
General ward:	No co-payment	No co-payment
Semi-private ward:	20 % up to CHF 4,000 per calendar year	No co-payment
Private ward:	35 % up to CHF 7,000 per calendar year	35 % bis CHF 2,000 per calendar year

5 Benefit restrictions

- 5.1 If an insured event occurs CSS does not provide benefits for alternative and/or complementary medical treatment and medication.
- 5.2 The free choice of service providers does not apply if the insured person has taken out mandatory healthcare insurance with a restricted choice of service providers. If the insured person is in breach of this condition, no costs will be covered by the insurance.

- 5.3 No costs will be covered for accommodation and/or treatment at the facilities of a recognised service provider as defined in paragraph 9 AVB if such is indicated on the list of service providers (cf. paragraph 41 AVB) as an establishment with no general, semi-private or private ward recognised by CSS.

