

myFlex Dental Insurance

Supplementary health insurance pursuant to the FLIC

Supplementary Conditions (SC)

Issued 01.2027

The following Supplementary Conditions (SC) are based on the General Conditions of Insurance (GCI) for supplementary health insurance offered by CSS Insurance Ltd in compliance with the FLIC, other than where the provisions of the SC deviate from those in the GCI.

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1 Terms of admission

- 1.1 With myFlex Dental Insurance the insured person has the choice of three categories of insurance, «Economy», «Balance» or «Premium».
- 1.2 Both the initial contract for myFlex Dental Insurance and any change from a lower category of benefits to a higher category are expressly subject to the submission of a health statement and any change is only permitted after the health statement is checked and accepted by CSS.
- 1.3 Newborn babies are only insured without reserve from the day of birth in the categories «Economy» and «Balance» provided the signed application for insurance is received by CSS at the latest 30 days after the birth.
- 1.4 Insurance cover for the consequences of accidents may not be excluded.

2 Insured benefits

When an insured event occurs CSS provides benefits in addition and subsidiary to other social insurances, in particular the mandatory health insurance provided under the Federal Law on Health Insurance (FLHI/KVG) and /or the accident insurance under the Federal Law on the Accident Insurance (FLAI/UVG). The scope of benefits for each category of insurance contracted for is regulated in the following table.

	Economy	Balance	Premium
	50 %, max. CHF 1,000 per calendar year	75 %, max. CHF 2,000 per calendar year	75 %, max. CHF 5,000 per calendar year, CHF 500 deductible per calendar year
2.1 Dental treatment	Dental check ups and treatment (anesthetics, x-rays, fillings, extractions, dental hygiene, Michigan brace)		
2.2 Correction of malpositioned teeth	Dental orthodontic and orthopedic treatment		
2.3 Dental prosthetics	Dental prosthetic treatment (crowns, pivot teeth, implants, bars, bridges, partial or total dentures) including supplementary treatment, temporary teeth and repairs		

3 Entitlement to benefits

- 3.1 The benefits will be credited to the insured sum of benefits for the calendar year according to the date of treatment or date on which the service was provided. Costs occurring after entitlement to benefits is exhausted may not be carried forward to the following year.
- 3.2 The benefits and contributions foreseen in the SC will be provided solely in addition to and subsidiary to the insurances mentioned in paragraph 30.1 GCI, and in particular to the mandatory insurance for medical treatment pursuant to the FLHI. Proportions of costs, which these insurances cover, and participation in costs arising from these insurances are not insured by myFlex Dental Insurance regardless of whether the insured is covered by the insurances mentioned.
- 3.3 Provided no other conditions are stipulated in paragraph 2, refunds will be only be made of the effective, receipted costs.
- 3.4 If treatment is required abroad the CSS Emergency Centre must be contacted immediately (in particular before hospitalisation); it will organise and coordinate the treatment 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 Participation in costs

The participation in costs required is established on the basis of the scope of benefits in accordance with the «Insured benefits» table, paragraph 2.

5 Limitations to benefits

- 5.1 The CSS provides benefits for dental prosthetic treatment in accordance with paragraph 2.3 at the earliest after the second year of insurance.
- 5.2 Entitlement to benefits for all other treatment begins from the seventh month after the insurance commences.

6 No-claims bonus

- 6.1 Each insured person may benefit from a one-off annual bonus payment if CSS has not paid any of the benefits which would be due according to the SC during the observation period.
- 6.2 The observation period is the period beginning in September and running to the end of August in the last two consecutive years during which the insured has contracted for myFlex Dental Insurance.
- 6.3 If myFlex Dental Insurance has only newly been taken out, CSS may foresee shorter observation periods.
- 6.4 The annual bonus payment sum is determined each year by CSS on the basis of the degree attained by the result of

the myFlex Dental Insurance product. Payment takes place provided the result of the product within the observation period in the last completed business year lies within the value calculated in underwriting documents.

- 6.5 The no-claims bonus will be paid out in the calendar year following the observation period provided the insured person still has myFlex Dental Insurance as per 01.01. of the same calendar year. The insured person will be informed in writing about entitlement to the bonus and about the individual bonus sum.