

myFlex Alternative Insurance

Supplementary Health Insurance according to the VVG

Supplementary Conditions (ZB) Version 01.2011

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, other than where the provisions of the ZB differ from those of the AVB.

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1 Terms of admission

- 1.1 myFlex Alternative Insurance offers the insured person the choice of three categories of insurance, "Economy", "Balance" or "Premium".
- 1.2 Both the conclusion of the initial contract for myFlex Alternative 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 Newborn babies are insured without reserve from the day of birth in the "Economy" and "Balance" categories only, provided the signed insurance application 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 risks

The insurance covers insured events owing to illness (as defined in paragraph 7.1 AVB), accident (as defined in paragraph 8 AVB) and maternity (as defined in paragraph 7.2 AVB).

3 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 (including co-payment) in each case for the chosen category of insurance is set out in the following table.

	ECONOMY	BALANCE	PREMIUM
3.1 Outpatient treatment	In amendment of paragraph 27.1 AVB, within the scope of paragraph 4 of these ZB the costs for benefits for outpatient treatment using methods of treatment from complementary medicine (such as acupuncture, homeopathy, osteopathy) are insured, in so far as these are necessary because of illness or maternity or to treat the consequences of an accident.		
Medication	According to paragraph 4 the insurance covers recognised, prescribed and/or dispensed medication used in complementary medicine.		
Inpatient treatment	In amendment of paragraph 27.1 AVB, within the scope of paragraph 4 of these ZB the costs for benefits for inpatient treatment using methods of treatment from complementary medicine (such as acupuncture, homeopathy, osteopathy) are insured, in so far as these are necessary because of illness or maternity or to treat the consequences of an accident. In this case only those costs that would have been incurred for outpatient treatment will be reimbursed. Costs for food and accommodation and nursing are not insured.		
	75 %, max. CHF 1,000 per calendar year	75 %, max. CHF 3,000 per calendar year	75 %, max. CHF 10,000 per calendar year
3.2 Treatment with limited cover	The costs for the methods of complementary medical treatment named in paragraph 5.3 are limited to the following maximum amounts per calendar year irrespective of whether they are incurred through the use of one or more of the treatment methods mentioned. The amounts will be paid taking into account the maximum annual amounts determined in paragraph 3.1 and may not be accumulated with such amounts.		
	75 %, max. CHF 200 per calendar year	75 %, max. CHF 600 per calendar year	75 %, max. CHF 2,000 per calendar year

4 Recognised service providers and methods

- 4.1 The obligation to pay benefits within the scope of paragraph 3 is conditional on both the selected service provider and the methods applied being included in one of the following detailed lists (cf. paragraph 41 AVB). The lists valid on the date of the treatment always apply. No obligation to pay benefits exists if a recognised service provider administers treatment within the scope of recognised methods without being authorised to provide such treatment on the basis of his accreditation and in accordance with the recognition criteria established by CSS.
- 4.2 CSS maintains a list (cf. paragraph 41 AVB) of recognised methods, according to which CSS only covers the costs stipulated in paragraph 3 that are incurred in administering complementary medical methods recognised by CSS.
- 4.3 In amendment of paragraph 9 AVB, CSS maintains a list (cf. paragraph 41 AVB) of recognised service providers. According to this list, CSS only covers the costs stipulated in paragraph 3 for treatment administered by a recognised

service provider. Under the term 'recognised service provider', CSS basically understands those persons who fulfil the specific recognition criteria established by CSS for a recognised form of therapy/method of treatment used in complementary medicine.

- 4.4 Costs for recognised medication will only be covered by myFlex Alternative Insurance if the medication is suitably prescribed and dispensed within the scope of a method of treatment recognised by CSS and if the service provider is both recognised and authorised to prescribe the medication according to the recognition criteria established by CSS. CSS reserves the right to maintain a negative list of medication (cf. paragraph 41 AVB).
- 4.5 CSS is entitled to determine the tariffs and price limits for all the benefits mentioned in paragraph 3. These limits can be found in the appropriate list (cf. paragraph 41 AVB).
- 4.6 The lists that are valid at the time of treatment (cf. paragraph 41 AVB) can be inspected at the premises of CSS and extracts can be obtained. The address of your contact

at CSS can be found in your policy or premium overview. In the event of a claim for benefits, CSS recommends that you contact the service line in advance to ensure the treatment/medication is recognised by CSS.

5 Benefit restrictions

- 5.1 If an invoice is evidently unreasonable, we only grant cover within the scope of the usual tariff for the service in question or within our tariff limits pursuant to paragraph 4.3.
- 5.2 The following are excluded from the insurance cover:
 - 5.2.1 Self-treatment carried out by the therapist (self-therapy);
 - 5.2.2 Treatment, which the service provider carries out on behalf of any of his or her relatives (family members in the ascending and descending lines) including relatives by marriage. This exclusion also applies to the treatment of domestic partners and registered partners;
 - 5.2.3 Costs for missed consultations;
 - 5.2.4 All costs for dispatch and administration;
 - 5.2.5 Costs for treatment which is carried out away from the practice of a service provider;
 - 5.2.6 Payments for purchase or rental of aids or equipment;
 - 5.2.7 Preventive treatment (in the absence of an insured event in the sense of paragraph 2);
 - 5.2.8 Costs for treatment abroad, in amendment of AVB paragraph 28.1c;
 - 5.2.9 Costs for services or diagnostic measures that are ineffective, unsuitable and uneconomical. Services that are deemed ineffective, unsuitable and uneconomical are those services which are not suitable to achieve the desired result, whose benefits in use are smaller than the risks involved (also in comparison with other similar measures) and that present an inadequate cost-benefit relationship when used.
- 5.3 In its list of methods (cf. paragraph 4.2) CSS provides an exhaustive list of methods of treatment for which the company's obligation to pay benefits is restricted to the maximum amount indicated under paragraph 3.2.

6 Entitlement to benefits

- 6.1 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. Similarly, the difference remaining as a result of non-exhaustion of benefits may not be carried over by the insured person to the following year.
- 6.2 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.
- 6.3 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 myFlex Alternative Insurance regardless of whether the insured person is covered by the insurances mentioned.
- 6.4 Unless otherwise stipulated in paragraph 3, at most only the actual receipted costs will be reimbursed.

7 Co-payments

The co-payments are based on the scope of benefits and are shown in the "Insured benefits" table, paragraph 3.

8 No-claims bonus

- 8.1 Each insured person can benefit from a one-off annual bonus payment if CSS has not paid any of the insurance benefits which would be due in accordance with the ZB during the observation period.
- 8.2 The observation period in each case is the period running from the beginning of September to the end of August in the last two consecutive years during which the insured person has contracted for myFlex Alternative Insurance.
- 8.3 If myFlex Alternative Insurance has only newly been taken out, CSS may provide for shorter observation periods.
- 8.4 The amount of the bonus payment is determined each year by CSS on the basis of the degree attained by the result of the myFlex Alternative Insurance product. Payment takes place provided the result of the product in the last full financial year within the observation period lies within the value calculated in accordance with the technical bases.
- 8.5 The no-claims bonus will be paid out in the calendar year following the observation period provided the insured person still has myFlex Alternative Insurance with CSS as per 1 January of the same calendar year. The insured person will be informed in writing about his entitlement and the individual bonus amount.

Translation: Only the original German text approved by the Swiss Supervisory Authority is binding.

