

Optima

Supplementary Conditions (SC) under the Federal Insurance Contract Act (VVG)

Version of 2024, valid from 1 January 2024

SWICA

Customer information

We wish to point out some contractual bases that are particularly important before you sign a contract.

The insurance contract is based on the documents specified in the customer information in the General Insurance Conditions (separate document).

Look out for this symbol in the Supplementary Conditions below: 

Please ask someone to explain the marked text passages before you sign the contract. We use the symbol to emphasise the following:

- Who can take out insurance?
- What does the insurance cover and what does it exclude?
- What are the policyholder's obligations?
- When is an insured person entitled to benefits?

Supplementary insurance Optima

I. Scope of application

Art. 1 Purpose

SWICA Insurances Ltd, hereinafter referred to as "SWICA", pays additional benefits under the Optima supplementary insurance plan on top of those provided by the mandatory healthcare insurance (in accordance with KVG, SR 832.10) and the Completa Top, Completa Forte and Completa Praeventa supplementary insurance plans.

Art. 2 Policyholder

i Anyone who has a legal place of residence in Switzerland can apply for this supplementary insurance.

II. Scope of insurance

Art. 3 Scope of insurance

The scope of the insurance is based on Art. 2 of the General Insurance Conditions (GIC). SWICA covers the cost of treatment and of health-promoting and preventive measures, provided that such treatment and measures are effective, appropriate and economical.

III. Benefits

Art. 4 Outpatient treatment

- i** SWICA pays the fees of medical professionals worldwide (doctors, chiropractors, neuropsychologists, physiotherapists, ergotherapists, speech therapists, nutritionists and podologists). The benefits covered abroad are those for which, by analogy, a health insurer in Switzerland is liable to pay in accordance with the KVG, up to a maximum of two times the Swiss reference rate. If the policyholder has purchased mandatory health insurance with limited choice, these provisions also apply to this supplementary insurance.
- i** The benefits laid out in no. 1 are subject to co-payments based on the selected annual excess that applies to mandatory healthcare insurance. Any co-payment (excess and deductible) already paid under mandatory healthcare insurance will be taken into account.

Art. 5 Complementary medicine

- Cover includes the cost of SWICA-recognised complementary medical methods if a SWICA-recognised doctor or therapist administers the treatment.
- SWICA keeps a list of recognised methods and a directory of recognised doctors and therapists.
- The benefits under nos. 1 and 2 can also be obtained abroad, provided that treatment is indicated in accordance with the list of approved methods.
- i** The benefits laid out in nos. 1 to 3 are subject to co-payments based on the selected annual excess that applies to mandatory healthcare insurance. Any co-payment (excess and deductible) already paid under mandatory healthcare insurance will be taken into account.

Art. 6 Medicines abroad

- SWICA pays 90% of the cost, up to 3000 francs per calendar year, for medically necessary medicines that are prescribed by a doctor and are not on the negative list, if the cost arises during a person's temporary stay abroad and is not covered by other insurance (although the principle of subsidiarity applies for social insurers and the coordination regulations under Art. 46c para. 1 VVG for private insurers).
- Medicines are reimbursed at the retail price. If the medicines are self-produced, SWICA reimburses the production costs with a markup up to a maximum of 30%.

3. Medicines are defined as preparations that are registered with Swissmedic or approved by an equivalent licensing agency in the country concerned for the relevant indication. However, cover does not include active ingredients and preparations that are used for preventing illnesses, are cosmetics, are used for sexual stimulation or contribute towards weight reduction, or active ingredients and preparations that are subject to the provisions of the Swiss Food Ordinance (not registered with Swissmedic). Similarly, products that manufacturers voluntarily remove from the special medicines list under the KVG are not covered. SWICA's Optima plan also does not cover products on the special medicines list under the KVG beyond the extent to which they are partially covered under mandatory healthcare insurance or for uses that lie outside of their defined scope of application. This means that SWICA's Optima plan does not cover any costs for medicines on the special medicines list under the KVG. This also applies to doses or indications that are approved by Swissmedic beyond the limitations set out in the special medicines list and are not covered under basic insurance.

Art. 7 Psychotherapy with independent psychotherapists

1. SWICA contributes to the cost of medically prescribed treatment of mental illnesses that an independent psychotherapist administers – max. 60 sessions per calendar year at 25 francs per session.
2. The benefits set out under no. 1 are covered only if the healthcare provider has opted out of basic insurance pursuant to the KVG or is not registered in accordance with the KVG to charge via the mandatory healthcare insurance and is listed in the register of SWICA-recognised psychotherapists.
3. The benefits referred to in nos. 1 and 2 can also be obtained abroad.

Art. 8 Maternity

In the case of births in an outpatient setting in Switzerland or abroad, SWICA will pay all costs arising for medical care and the services of the midwife. The benefits abroad will be covered at up to a maximum of two times the Swiss reference rate.

Art. 9 Vasectomy and sterilisation

SWICA pays 90% of the cost, up to 700 francs per procedure, for an outpatient vasectomy or sterilisation.

Art. 10 Vaccinations, travel vaccinations

SWICA covers 90% of the cost of medically recommended vaccinations. For vaccinations provided abroad, SWICA will pay up to two times the Swiss reference rate, up to a maximum of 500 francs per year.

Art. 11 Health promotion and preventive healthcare

1. SWICA covers 90% of the cost, up to 300 francs, of health-promoting measures and preventive healthcare (such as fitness offers, nutrition programmes, relaxation therapies) and preventive healthcare (such as prevention courses, counselling services) based on a separate list per calendar year.
2. For medical checkups and gynaecological preventive exams not covered under a statutory mandatory plan and that serve to detect illnesses at an early stage, SWICA uses a separate list and pays 90% of the cost with no limit of the amount.
3. The benefits under nos. 1 and 2 can also be obtained abroad, provided that treatment is indicated in accordance with the lists in nos. 1 and 2 of this article.

Art. 12 Medical spa treatment

1. In the case of spa treatments which are medically indicated, prescribed by a doctor and approved by SWICA beforehand, SWICA will pay a contribution towards the costs of the stay and the treatment amounting to a maximum of 30 francs per day for no more than 30 days per calendar year. The treatment must be provided in a recognised Swiss spa or, in special cases, upon request and with the prior approval of SWICA, may take place abroad.
2. The spa prescription must be submitted to SWICA at least 14 days before the treatment begins.

Art. 13 Convalescence treatment

1. For medically prescribed and justified convalescent cures that SWICA has approved in advance and a spa on SWICA's list administers, SWICA contributes up to 30 francs per day towards the cost of the stay for a maximum of 30 days per calendar year.
2. The spa prescription must be submitted to SWICA at least 14 days before the treatment begins.

Art. 14 Lenses and frames; contact lenses

In Switzerland or abroad, SWICA covers 90% of the cost, up to 300 francs, of medically indicated lenses and frames and for contact lenses every three calendar years.

Art. 15 Aids

In Switzerland or abroad, SWICA covers 90% of the cost, up to 300 francs, for SWICA-recognised aids (excluding dentures and visual aids) not covered under a statutory mandatory plan per calendar year. SWICA keeps a list of the aids it recognises.

Art. 16 Innovative therapy methods

SWICA pays 90% of the cost, up to 3000 francs per calendar year, for new and innovative therapy methods as defined in a separate list that are not covered under mandatory insurance.

Art. 17 Emergency transport and transfers

In Switzerland and abroad, SWICA covers up to 90%, at maximum 20000 francs in total, of the cost of emergency transports or medically necessary transfers to the nearest doctor or hospital based on the usual rates per calendar year.

IV. General provisions

Art. 18 Coordination with other insurance plans

1. The benefits laid out in these insurance conditions are paid in addition to benefits from mandatory healthcare insurance and other supplementary insurances with SWICA that may be in effect (although the principle of subsidiarity applies for social insurers).
2. The percentage of the co-payment is applied in addition to other supplementary insurance cover and calculated separately for each SWICA insurance product.

Art. 19 Lists and directories

Art. 7 of the GIC applies in respect of the lists and directories referred to in these provisions.

Art. 20 Premium rate model

The product uses a rate based on age at enrolment.