

COMPLETA FORTE

# SUPPLEMENTARY CONDITIONS (SC) UNDER THE VVG.

Version of 2024, valid from 1 January 2024

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### 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 COMPLETA FORTE.

## I. SCOPE OF APPLICATION

### ART. 1 PURPOSE


SWICA Insurances Ltd, hereinafter referred to as "SWICA", covers additional benefits on top of those provided by the mandatory healthcare insurance (in accordance with KVG, SR 832.10) under its COMPLETA FORTE supplementary insurance for inpatient and outpatient treatments.

### ART. 2 POLICYHOLDER

1.  Anyone who has a legal place of residence in Switzerland can apply for this supplementary insurance. If policyholders move their place of residence abroad, the contract for COMPLETA FORTE cover ends on the date upon which the move abroad takes effect.
2. Policyholders cannot be insured under COMPLETA FORTE and COMPLETA TOP at the same time. If a policyholder switches from one supplementary insurance plan to the other, the first policy will lapse when the switch takes effect at the latest.

## II. SCOPE OF INSURANCE

### ART. 3 SCOPE OF INSURANCE

1.  SWICA covers the cost of treatment and of preventive healthcare, provided that such treatment and measures are efficacious, purposeful and cost-effective.
2. The scope of the insurance is based on Art. 2 of the General Insurance Conditions (GIC).
3. Co-payments from other social insurances are not covered.

## III. COMPLETA FORTE BENEFITS IN SWITZERLAND

### ART. 4 COMPLEMENTARY MEDICINE

1. Cover includes the cost of SWICA-recognised complementary medical methods if a SWICA-recognised doctor or therapist administers the treatment.
2. SWICA keeps a list of recognised methods and a directory of recognised doctors and therapists.
3. In the absence of a recognised rate, SWICA pays a maximum hourly rate of 120 francs.

### ART. 5 MEDICINES

1. SWICA covers the medically necessary medication a doctor prescribes that is not included in the negative list.
2. SWICA pays the cost of homeopathic, phytotherapeutic and anthroposophic preparations that are prescribed or supplied by a therapist in accordance with Art. 4 and are not on the negative list.
3. SWICA pays 80% of the cost, up to 200 francs per calendar year, for the treatment of acne, endometriosis and polycystic ovary syndrome with oral contraceptives or IUDs (intrauterine devices).
4. Preparations and medicines are reimbursed at the retail price. If the preparations or medicines are self-produced, SWICA reimburses the production costs with a surcharge of max. 30%.
5. Medicines are defined as preparations that are registered with Swissmedic. However, cover does not include active ingredients and preparations that are used for preventing illnesses, are cosmetics, are used for sexual stimulation, contribute towards weight reduction, as well as active ingredients and preparations that are subject to the provisions of the Swiss Food Ordinance (not registered with Swissmedic). Similarly, products that manufacturers remove voluntarily from the special medicines list under the KVG are not covered. SWICA's COMPLETA FORTE plan also does not cover products beyond the extent to which they are partially covered under mandatory health insur-

ance or for uses that lie outside of their defined scope of application. This means that SWICA's COMPLETA FORTE 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.

6. Medicines may also be purchased in neighbouring countries up to a maximum annual amount of 2,000 francs, provided that the unit price per medicine is cheaper than in Switzerland. These medicines are subject to the criteria set out in nos. 1 to 5 with the exception of the requirement of Swissmedic registration. However, the products must be approved by an equivalent licensing agency in the country concerned for the relevant indication.

#### **ART. 6 PSYCHOTHERAPY WITH INDEPENDENT PSYCHOTHERAPISTS**

1. SWICA pays 90% of the cost of medically prescribed treatment of mental illnesses administered by an independent psychotherapist – max. 60 sessions per calendar year at 50 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 included on the list of SWICA-recognised psychotherapists.

#### **ART. 7 MATERNITY/BREASTFEEDING ALLOWANCE**

SWICA pays a 200 franc breastfeeding allowance for each child. This must be applied for by the policyholder using the application form available from SWICA.

#### **ART. 8 MIDWIFERY BENEFITS FOR SAME-SEX MALE COUPLES**

SWICA's COMPLETA FORTE plan covers the midwifery benefits payable to one parent under mandatory healthcare insurance, including for same-sex male couples, provided the child is also insured with SWICA.

#### **ART. 9 VASECTOMY AND STERILISATION**

SWICA pays 90% of the cost, up to 500 francs per procedure, for an outpatient vasectomy or sterilisation.

#### **ART. 10 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 stay and the treatment amounting to not more than 30 francs per day for not more than 30 days per calendar year. The treatment must be provided in a recognised Swiss spa or in special cases, upon request and after approval by SWICA, may take place abroad.
2. The spa prescription must be submitted to SWICA at least 14 days before the treatment begins.

#### **ART. 11 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 20 francs per spa 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. 12 HOME HELP**

1. SWICA pays 50% of the verified cost of necessary home help in the policyholder's household, at maximum 30 francs per day for not more than 60 days per calendar year.
2. The need for home help must be verified in a medical certificate.
3. The contributions are paid also to family members or relatives who can prove a loss of earnings as a result of the help they provide.

#### **ART. 13 LENSES AND FRAMES; CONTACT LENSES**

1. SWICA covers 90% of the cost, up to 900 francs, of medically indicated lenses and frames and for contact lenses every three calendar years.
2. This amount is paid only if no benefits for visual aids have been received from mandatory healthcare insurance in the last three calendar years.
3. The benefits under nos. 1 and 2 can also be obtained in neighbouring countries.

#### **ART. 14 AIDS**

1. SWICA covers 90% of the cost, up to 200 francs, for SWICA-recognised and medically prescribed 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.
2. The benefits under no. 1 can also be obtained in neighbouring countries.

#### **ART. 15 COST OF DENTAL TREATMENT**

SWICA pays 50% of the cost, up to 100 francs per calendar year, of dental treatment that is not covered under a statutory mandatory plan. SWICA also reimburses these costs if treatment is administered in neighbouring countries.

#### **ART. 16 ORTHODONTIC TREATMENT**

1. SWICA pays 50% of the costs based on the UVG rate, up to 10,000 francs, for orthodontic procedures in children and young people up to the age of 25 per calendar year.
2. For inpatient treatment, SWICA pays 50% of the costs, up to 10,000 francs, based on the rate for the general ward of the nearest public treatment facility in the policyholder's canton of residence per calendar year.
3. The benefits under nos. 1 and 2 can also be obtained in neighbouring countries up to a maximum of the reference rate of the policyholder's canton of residence.

#### **ART. 17 ORTHODONTIC SURGERY**

1. For orthodontic surgery, SWICA pays 50% of the costs, up to 10,000 francs, based on the reference rate of the policyholder's canton of residence per calendar year.
2. For outpatient treatment, SWICA pays 50% of the costs, up to 10,000 francs, based on the rate that applies under the KVG per calendar year.
3. The benefits under nos. 1 and 2 can also be obtained in neighbouring countries up to a maximum of the reference rate of the policyholder's canton of residence.

#### **ART. 18 OPERATIONS TO CORRECT PROTRUDING EARS**

SWICA pays 90% of the cost, up to 1,500 francs per ear, for outpatient operations to correct abnormalities attributable to a congenital ear cartilage deformity or asymmetric development of individual pieces of cartilage.

#### **ART. 19 INNOVATIVE THERAPY METHODS**

SWICA pays 90% of the cost, up to 2,000 francs per calendar year, for new and innovative therapy methods as defined in a separate list that are not covered under mandatory insurance.

#### **ART. 20 EMERGENCY/TRANSFER TRANSPORTS; SEARCH/RESCUE OPERATIONS IN SWITZERLAND**

1. Supplementing basic insurance, SWICA covers up to 90%, at maximum 100,000 francs in total, of the cost of emergency transports or medically necessary transfers to the nearest doctor or hospital in Switzerland based on the usual rates per calendar year.
2. SWICA covers up to 100,000 francs for search and/or rescue operations for the policyholder per calendar year.

#### **ART. 21 HEALTH PROMOTION AND PREVENTIVE HEALTHCARE**

1. SWICA pays 90% of the costs, up to 500 francs per calendar year, of health-promoting measures (such as fitness offers and diet programmes, relaxation therapies) and preventive healthcare (such as prevention courses, counselling services) as detailed separately.
2. The benefits under no. 1 can also be obtained in neighbouring countries, provided that treatment is indicated in accordance with the list in no. 1 of this Article.

### **IV. COMPLETA FORTE BENEFITS ABROAD**

#### **ART. 22 BENEFITS ABROAD**


1. SWICA will issue a cover note and pay the cost of medically necessary treatment of Swiss residents who are not covered by other insurance during a temporary stay abroad (although the principle of subsidiarity applies for social insurers and the coordination regulations under Art. 46c no. 1 VVG for private insurers). The insurance covers all treatments recognised under mandatory healthcare insurance in Switzerland.
2. SWICA covers the cost of outpatient and inpatient treatment in emergencies (private hospital category for the first three months of travel) on top of benefits provided under mandatory healthcare insurance.
3. SWICA does not reimburse the costs if a policyholder goes abroad for treatment without SWICA's prior approval.


### ART. 23 PERSONAL ASSISTANCE

SWICA also pays the following benefits if a policyholder falls ill, has an accident, or experiences a medically certified, unexpected aggravation of a chronic condition while abroad:

1. Search/recovery operations and emergency transport and transfer abroad as deemed necessary by a doctor that the SWICA emergency call centre appoints, up to 150,000 francs in total per calendar year.
2. Repatriation to Switzerland or to hospital as deemed necessary by a doctor that SWICA or its emergency call centre appoints.
3. If a hospital stay abroad lasts longer than seven days, the cost of a visit by a person very close to the person insured with SWICA is covered as follows: the verified cost of the round-trip plane ticket in economy class, plus the verified cost of accommodations and meals, up to 200 francs per day and up to 1,000 francs in total.
4. In the event of death abroad, SWICA covers the costs of repatriation of the body or the urn (if the body is cremated in situ abroad) to the place of residence or burial in Switzerland, provided the SWICA emergency call centre was consulted in advance to arrange the repatriation.

### ART. 24 CONDUCT IN THE EVENT OF A CLAIM

1.  For the benefits as laid out in Art. 22 (with the exception of cost cover for outpatient treatment) and Art. 23, and in the cases described in Art. 24 nos. 2 and 3, the policyholder is required, unless there is imminent danger, to consult the SWICA emergency call centre in advance and follow both its instructions and those of SWICA. If the benefits are not approved and arranged by the SWICA emergency call centre, the entitlement to benefits may be reduced in accordance with the obligation to mitigate loss (Art. 20 GIC and Art. 45 VVG).
2. In principle, the policyholder can arrange for outpatient treatment himself. However, if medical outpatient measures, such as diagnostics, treatment, care and medication, exceed 25,000 francs in total per calendar year, the policyholder must first obtain a cover note from SWICA.

3. For hospital stays, the policyholder must request a cover note from SWICA's emergency call centre before the treatment or admission to hospital. In the case of emergencies, a five-day notification period applies from when treatment begins. The doctors at the emergency call centre decide on the basis of medical findings and Art. 36 para. 2 KVV whether SWICA will issue a cover note and whether the insured person should be transferred to another hospital or repatriated to a suitable hospital near the policyholder's place of residence in Switzerland.
4.  The policyholder must send SWICA all original invoices together with the necessary medical information, or use an electronic delivery channel that SWICA provides. If the documents are insufficient, incomprehensible or include an abusive rate, SWICA can reduce or refuse benefits.
5. The policyholder is obliged to do his utmost to minimise the damage and clarify the events.

## V. CO-PAYMENT

### ART. 25 CO-PAYMENT

1. Adult policyholders can choose between no excess and an excess of 600 francs when claiming benefits as defined in Art. 4 Complementary medicine, Art. 5 Medicines and Art. 22 Benefits abroad of these Conditions. No excess is applied for children below the age of 18. The policyholder is automatically enrolled in the option with no excess from the beginning of the insurance year after they reach the age of 18.
2. All policyholders pay a deductible of 10%. Any co-payment (excess and deductible) already paid under mandatory healthcare insurance will be taken into account.
3. Adult policyholders can request to change from an excess of 600 francs to no excess or vice versa at the beginning of a calendar year, subject to a three-month adjustment period. Reduction of the excess requires a medical examination and may be refused, whereas no medical exam is required if the policyholder wishes to increase the excess.
4. The percentage of the co-payment is applied on top of any other supplementary insurance cover and is calculated separately for each SWICA insurance product.

## VI. RELATIONSHIP WITH COMPLETA TOP

### ART. 26 INCREASED INSURANCE

A policyholder can request to switch from COMPLETA TOP to COMPLETA FORTE on the first day of the month. Transferring from COMPLETA TOP to COMPLETA FORTE requires a medical examination and may be refused by SWICA.

### ART. 27 COORDINATION IN THE EVENT OF A CHANGE OF INSURANCE

1. In the event of a switch from COMPLETA TOP to COMPLETA FORTE, the costs already covered by SWICA under COMPLETA TOP for the relevant benefits period will be counted when calculating benefits under COMPLETA FORTE. In the event of a switch from COMPLETA TOP to COMPLETA FORTE, the relevant benefits period under COMPLETA TOP will be continued. The benefits period is defined in the relevant Article of the Supplementary Conditions.
2. In the event of a mid-year change from COMPLETA TOP to COMPLETA FORTE, any co-payments already made for the relevant calendar year under COMPLETA TOP will be carried over to COMPLETA FORTE.
3. In the event of a switch from COMPLETA FORTE to COMPLETA TOP, the costs already covered by SWICA under COMPLETA FORTE for the relevant benefits period will be counted when calculating benefits under COMPLETA TOP. In the event of a switch from COMPLETA FORTE to COMPLETA TOP, the relevant benefits period under COMPLETA FORTE will be continued. The benefits period is defined in the relevant Article of the Supplementary Conditions.

## VII. GENERAL PROVISIONS

### ART. 28 LISTS AND DIRECTORIES

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

### ART. 29 PREMIUM RATE MODEL

The product uses a rate based on age at enrolment.