The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurances Ltd and Helsana Accidents Ltd.

Helsana

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Additional Insurance Conditions (ZVB) COMPLETA Supplementary Health Care Insurance

Table of contents

General provisions
1 Purpose

Benefits
2 Outpatient treatment
3 Medication
4 Benefits abroad
5 Personal assistance
6 Transport costs in Switzerland
7 Visual aids, aids and equipment
8 Orthodontics
9 Special forms of treatment
10 Complementary medicine
11 Prevention
12 Health promotion
13 Legal expenses cover in health matters
14 Legal expenses cover abroad
15 Insurance option without accident coverage

Miscellaneous
16 Dental insurance from the age of 20
17 Insurance for children
18 Suspension of the insurance cover

Appendix I

Appendix II

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

General provisions

1 Purpose

Within the scope of the COMPLETA Supplementary Health Care Insurance, and in medically indicated cases, Helsana pays benefits for outpatient treatment by non-contract medical practitioners according to the private rate, as well as benefits for medication not covered by basic insurance, benefits abroad, personal assistance, transport costs, visual aids, aids and equipment, orthodontic treatment for children and special forms of therapy. This insurance also makes payments towards the costs for outpatient and inpatient treatment for complementary medicine, towards preventative measures and towards health promotion. The COMPLETA Supplementary Health Care Insurance also includes legal expenses cover in health matters and legal expenses cover abroad with Helsana Rechtsschutz AG.

Benefits

2 Outpatient treatment

Helsana pays 90% of the costs incurred for outpatient treatment by non-contract medical practitioners according to the private rates approved by Helsana, with the exclusion of psychotherapy. Non-contract medical practitioners are medical practitioners who, according to Article 44 paragraph 2 of the Federal Health Insurance Act (KVG), refuse to provide their services in accordance with this Act.

3 Medication

3.1 Helsana pays 90% of the costs of medically prescribed medication (pharmaceuticals) not covered by compulsory health care insurance, provided that the medication concerned is registered with the Swiss Agency for Therapeutic Products (Swissmedic) for the treatment of the indication in question.

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3.2 Notwithstanding Section 3.1, only the defined scope of benefits applies to the categories of medication listed below, which is exhaustive. This only applies to medication which has been approved by Swissmedic on or after 1 November 2026 (new approvals, changes to indications and extensions of indications):

a) cell and gene therapies (ATMP): 90%, up to a maximum of CHF 50,000 within 365 days;
b) weight control or neurodegenerative illnesses (e.g. dementia): 50%, up to a maximum of CHF 2,000 per calendar year;
c) therapies with orphan drug status (for rare/ultra-rare illnesses): 50%, up to a maximum of CHF 20,000 per case of illness;
d) medication for the treatment of infectious diseases in the context of epidemics or pandemics (anti-infectives) and medication for the treatment of the resulting complications: 80%, up to a maximum CHF 5,000 per calendar year;
e) medication for reduced fertility (fertility disorders): 50%, up to a maximum of CHF 2,000 within 5 consecutive calendar years, following a waiting period of two years from the start of insurance.

3.3 There is no entitlement to reimbursement for products that appear on the list of pharmaceutical products with special uses (LPPV). The current version can be viewed on the Helsana website.

4 Benefits abroad

4.1 If the insured person goes abroad for specific outpatient medical or medically prescribed treatment, Helsana pays 90% of the costs incurred up to a maximum amount of CHF 1,000 per calendar year. Cost for visual aids, aids and equipment, orthodontics, complementary medicine treatments, prevention and health promotion are only covered as specified in sections 7, 8 and 10 - 12 below, provided that benefits abroad are expressly envisaged.

4.2 In case of emergencies abroad, the costs for inpatient and outpatient treatments which exceed the social insurance benefits are covered. Any co-payments based on legislation in EU/EFTA countries and the UK will be paid, provided that they exceed CHF 300 per case of illness. In this case, the co-payment exceeding the amount of CHF 300 per event of illness will be covered. The treatments must be scientifically recognised and appropriate. It is deemed to be an emergency if a journey home for treatment in the country of residence is not appropriate.

4.3 For inpatient treatment, Helsana, or the Emergency Call Centre designated by it, must be consulted immediately. If this organisation is not consulted, the provisions of Section 19 GIC (Breach of obligations or duties) will apply.

4.4 Insured persons who reside in EU/EFTA countries or the UK, or who spend most of the year there, are excluded under this section if the services were provided in their country of residence or in Switzerland.

5 Personal assistance

5.1 If outside of their country of residence an insured person falls ill, has an accident, or if there is a worsening of a medically certified chronic illness, or an insured person dies, Helsana, or the organisation designated by Helsana, will provide the following benefits:

a) rescue operations and transports, provided that Helsana or the organisation designated by it considers such actions to be necessary after consulting with the local treating physicians;
b) search and rescue operations undertaken for the purpose of rescuing or recovering the insured person, up to a maximum CHF 20,000 per insured person and claim;
c) repatriation to a suitable hospital in the country of residence, provided that Helsana or the doctor authorised by the organisation designated by Helsana, considers such action to be necessary after consulting with the local treating physicians;
d) approval for payment of costs, within the scope of the existing insurance, when an insured person requires inpatient or outpatient treatment;
e) the fees or costs for changing or booking the return flight in economy class if due to a hospital stay it is not possible to take the already booked return flight. The benefits are rendered only upon presentation of the expired return flight ticket;
f) if the stay in hospital outside of the country of residence lasts more than seven days, the travelling costs of a person very close to the insured person will be paid for a visit up to the following extent:
fa) the documented costs for outward and return travel, but no more than the cost of a flight in economy class;
fb) the documented costs of accommodation and meals, but no more than CHF 1,000 per claim.

5.2 In addition, the extra travelling costs incurred for premature return up to a maximum of CHF 500 will be paid for the following events:

a) when a close travelling partner has to be repatriated due to illness or accident;
b) when a person close to the insured becomes seriously ill, is seriously injured or dies;
c) when the insured person’s property in their place of residence is seriously impaired or damaged due to burglary, fire, water or through elementary forces;
d) when strikes, epidemics or the failure of public transport does not allow the journey to be continued according to schedule within 72 hours. Additional costs incurred due to detours, diversions and delays are not covered;
e) when the person deputising at work becomes seriously ill, has a serious accident or dies, and the presence of the insured person at their workplace is absolutely necessary.

These lists are exhaustive.

5.3 The payment of benefits pursuant to Sections 5.1 and 5.2 is subject to the involvement of the Helsana Emergency Call Centre as soon as this becomes possible in light of the medical condition. The Emergency Call Centre will coordinate the medically required services with the local treating physicians. If the insured person decides in an inexcusable way not to follow the instructions and recommendations of the Emergency Call Centre, Helsana will at most pay the costs that would

have been incurred if the instructions of the Emergency Call Centre had been followed.

6 Transport costs in Switzerland

Helsana, or the organisation designated by it, pays a maximum of CHF 100,000 per calendar year towards the costs of inland rescue, recovery and emergency transports, as well as transports within Switzerland from one hospital to another. The means of transport must be economical and fitting for the purpose.

7 Visual aids, aids and equipment

7.1 Helsana pays 90% of the incurred costs, up to a maximum of CHF 300 per calendar year, for prescription spectacle lenses and contact lenses. Benefits paid from the compulsory health insurance for visual aids will be deducted from the above amount.

7.2 For necessary aids and equipment adapted to the damage to health, and which improve restricted bodily functions, Helsana pays 90% of the incurred costs up to a maximum of CHF 1,500 per calendar year. Helsana keeps a list of the aids and equipment for which an entitlement to benefits exists. This list is continuously updated and can be examined at Helsana or a copy can be requested. A medical prescription is a prerequisite for payment.

7.3 Helsana pays 100% of the costs incurred, up to the maximum amount specified, for necessary reusable aids and equipment which is suitable given the level of damage to health. Helsana keeps a list of the aids and equipment for which an entitlement to benefits exists. This list is continuously updated and can be examined at Helsana or a copy can be requested. A medical prescription is a prerequisite for payment.

7.4 The costs of operating, servicing and repairing the aids and equipment are not covered.

7.5 Helsana pays the benefits under this section even in case of costs incurred abroad.

8 Orthodontics

8.1 Helsana pays 75% of the costs incurred by insured persons until the end of the calendar year in which they turn 20, up to a maximum of CHF 10,000 per calendar year, for orthodontic treatment and maxillary surgery.

8.2 Contributions of school or youth dental care will be taken into account for the payments in accordance with Section 8.1.

8.3 Treatment abroad will be paid provided the foreign healthcare professional's training is equal to that of a Swiss healthcare professional, and the costs do not exceed those in Switzerland.

9 Special forms of treatment

9.1 When medically prescribed, Helsana pays a maximum of 75% of the incurred costs of special forms of treatment.

9.2 The total amount for all benefits according to Section 9.1 is max. CHF 4,500 per calendar year.

9.3 Helsana keeps a list of all special forms of treatment for which benefits are paid. This list is continuously updated and can be examined at Helsana or a copy can be requested.

10 Complementary medicine

10.1 Helsana pays 75% of the costs of medically indicated outpatient treatment carried out in accordance with the methods of complementary medicine, provided that the treatment is carried out by a service provider (a doctor, naturopath or therapist) who has been approved by Helsana for the corresponding service. Helsana keeps a list of all recognised treatment methods and a list of all recognised service providers. These lists are continuously updated and can be examined at Helsana or a copy can be requested. Treatment abroad is paid for provided that the therapists concerned are included on the list.

10.2 Helsana pays 75% of the costs of complementary medicine remedies recognised by it. This applies on the condition that they are provided or prescribed by a service provider recognised by Helsana for this purpose.

10.3 Helsana pays the incurred costs, up to a maximum of CHF 5,000 per calendar year, for medically prescribed inpatient treatment carried out according to the methods of complementary medicine in hospitals or convalescent facilities recognised by Helsana (list in accordance with Section 10.1).

10.4 The cost of outpatient treatment will also be covered for temporary stays abroad if the service provider in question is not on the list, provided that the insured person did not go abroad for the purpose of receiving such treatment.

11 Prevention

11.1 Helsana pays 90% of the incurred costs, up to a maximum of CHF 750 per calendar year, for preventive medical measures in the sectors vaccinations, medical check-ups, physical training therapies, weight reduction for children and giving up smoking.

11.2 For quality assurance purposes, benefits will only be paid if the service provider is recognised by Helsana for the corresponding service. Helsana maintains a list of the recognised measures and programmes as well as the recognised service providers. This list is continuously updated and can be examined at Helsana or a copy can be requested.

11.3 Measures which can be taken abroad and the requirements for this are specified on the list.

12 Health promotion

12.1 For health promoting measures in the sectors of back training (incl. follow-on courses), fitness, pregnancy, courses in nutrition, relaxation and exercise, as well as courses in other health topics, 75% of the incurred costs, up to a maximum of

CHF 200, will be paid per sector and calendar year.

12.2 For quality assurance purposes, benefits will only be paid if the service provider is recognised by Helsana for the corresponding service. Helsana maintains a list of the recognised measures and the recognised service providers. These lists are continuously updated and can be examined at Helsana or a copy can be requested. Treatment abroad is paid for provided that the service provider concerned is included on the list.

13 Legal expenses cover in health matters

The COMPLETA Supplementary Health Care Insurance includes legal expenses cover in health matters from Helsana Rechtsschutz AG. The General Insurance Conditions of this Legal Expenses Insurance form an integral part of these Additional Insurance Conditions.

14 Legal expenses cover abroad

The COMPLETA Supplementary Health Care Insurance includes legal expenses cover abroad in health matters from Helsana Rechtsschutz AG. The General Insurance Conditions of this Legal Expenses Insurance form an integral part of these Additional Insurance Conditions.

15 Insurance option without accident coverage

Insurance coverage for consequences of accidents can be excluded in exchange for a reduction in premium.

Miscellaneous

16 Dental insurance from the age of 20

With the loss of benefits for orthodontics (section 8), insured persons automatically get DENTAplus Dental Insurance, Bronze option without another risk assessment. This insurance cover commences on 1 January of the year after the insured person turns 20. The premium is announced beforehand together with the policy. Insured persons who want to do without this additional insurance cover have the right to withdraw from the DENTAplus Dental Insurance retroactively by no later than three months after the start of insurance.

17 Insurance for children

Children can be insured from birth, providing the proposal for the insurance is received by Helsana prior to the birth. In this case, no benefit exclusions will be applied to the COMPLETA Supplementary Health Care Insurance in the event of any pre-existing damage to health.

18 Suspension of the insurance cover

18.1 In return for a reduction in premium the policyholder can suspend the claim for benefits arising from the COMPLETA Supplementary Health Care Insurance, subject to their providing evidence that they have alternative insurance cover (group contract, company health care insurance, foreign insurance, etc.) for the insurance to be suspended.

18.2 The policyholder must reactivate the insurance cover with the insurer under the terms originally agreed within 30 days following the loss of the alternative insurance cover, with the premium being adjusted in accordance with Section 12 AVB. If the policyholder fails to adhere to this period of grace, the conditions for new inclusion shall apply to the continuation of the insurance policies.

Appendix I

General Conditions of Legal Expenses Insurance for Legal Expenses Cover in Health Matters
(edition 1 January 2009)

General provisions

1 Introduction

Legal expenses cover in health matters is a product of Helsana Insurance Company Ltd in cooperation with Helsana Rechtsschutz AG.

2 Insurer

Helsana Rechtsschutz AG is the underwriter and undertakes to provide the insured benefits within the framework of the following conditions.

3 Basis of contract

The following General Conditions of Legal Expenses Insurance, the Federal Insurance Contract Act, the Insurance Supervision Law and the Supervision Ordinance are authoritative.

Scope of insurance

4 Subject of insurance

The following disputes are insured in connection with an injury to health:

4.1 Legal liability disputes with service providers Legal liability disputes with officially certified medical practitioners, dentists, dental technicians, dental hygienists, chiropractors, hospitals and other providers of medical services who are approved by the insurer and whose activities have been authorised by the health authorities.

4.2 Other legal liability disputes
Insured is the enforcement of non-contractual claims for compensation for damage to health against the perpetrator or their personal liability insurance.

4.3 Disputes under insurance law
Insured are disputes with social security and/or private insurers.

4.4 Subsidiarity
In cases in accordance with Sections 4.2 and 4.3 the right to legal protection exists only when, and so far as, no other insurer is liable to pay benefits.

5 Benefits

Legal expenses cover in health matters consists of the following benefits:
– advice and clarification of the insured person's rights;
– representation of interests in and out of court;
– payment of costs.

5.1 Benefits will be paid up to a maximum amount of CHF 250,000 (or CHF 50,000 for cases outside Europe) per insured case of damage. These benefits comprise:
– lawyers' fees;
– costs of experts' reports commissioned by the courts or Helsana Rechtsschutz AG;
– court costs and any compensation.

5.2 Cession provision

Any legal costs or compensation awarded to the insured person through the courts must be ceded to Helsana Rechtsschutz AG, in so far as they do not exceed the benefits actually paid by the latter.

6 Geographical scope of cover

Insurance cover applies worldwide.

Start and end of insurance

7 Time scope

7.1 Insured are persons who had already concluded the appropriate supplementary insurance at the time the legal expenses case occurred.

7.2 When this insurance is terminated, the right to legal protection for cases occurring after the termination date expires at the same time.

7.3 The case is deemed to have occurred at the time of the infringement of rights, in cases under the law of insurance at the time the insured event took place.

Claim event

8 Obligations in the event of a claim

8.1 Reporting the legal expenses case
The insured person must immediately report the occurrence of a legal expenses case either by dialling the emergency number given on the insurance card or in writing.

8.2 Co-operation of the insured person
The insured person must provide the necessary information and report to us all events in connection with the legal expenses case. Any notifications received by them, especially those from the authorities, must be forwarded to us without delay. All forms of evidence must be handed over to us on request. The insured person must provide the necessary power of attorney to gain access to all case-relevant documentation, enter into agreements and accept compensations.If the insured person deliberately infringes these obligations, benefits can be reduced to the extent of the additional costs incurred. In cases of major violation, benefits can be refused.

9 Procedure in the event of a claim

9.1 After consulting with the insured person the steps necessary for representing their legal interests will be taken.

9.2 If the services of a lawyer are required, in particular in connection with court and administrative proceedings, or in cases of conflict of interests, the insured person is free to propose a lawyer of their own choice. If their choice cannot be complied with, they have the possibility of naming three further lawyers, one of which must be accepted.

9.3 If there are no good reasons for changing lawyers, the insured person will be responsible for paying the costs incurred by so doing.

Insurance cover restrictions

10 Exclusions of benefits

No legal expenses cover will be granted for cases:
- which are not specifically listed;
- which occurred before the relevant supplementary insurance was taken out/before this group insurance contract came into force;
- in connection with psychiatric or psychotherapeutic malpractice;
- in connection with deprivation of liberty through enforced admission to an institution;
- in connection with disputes pertaining to invoices or fees;
- in connection with disputes pertaining to premiums;
- for warding off claims for damages;
- when the disputed sum is under CHF 500;
- in connection with the premeditated perpetration of a criminal offence, as well as the premeditated perpetration of legal expenses cases;
- in connection with armed conflicts or riots;
- in connection with the collection of debts, as well as cases in connection with ceded payments;
- arising from disputes between the insured person and Helsana Rechtsschutz AG, their official bodies and representatives.

Miscellaneous

11 Procedure in case of differences of opinion

11.1 If there are differences of opinion on how to proceed, in particular in cases deemed to be futile, the insured person can request that the case be decided by an arbitration tribunal. The arbitrator is decided on by both parties. Further details of this process are set out in the Arbitration Agreement.

11.2 If the insured person presses charges at their own cost, the contractually insured benefits will be paid if the outcome of the proceedings is more favourable than assessed by the insurer.

12 Place of jurisdiction

The insured person’s place of residence in Switzerland or Aarau (head office of Helsana Rechtsschutz AG) are recognised as the legal domicile for disputes arising from this contract.

13 Transitional provision

In cases according to Sections 4.2 and 4.3 entitlement to legal expenses cover only exists after 1 March 2000.

Appendix II

General Conditions of Legal Expenses Insurance for Legal Expenses Cover Abroad
(Edition 1 January 2009)

General provisions

1 Introduction

Legal expenses cover abroad is a product of Helsana Insurance Company Ltd in collaboration with Helsana Rechtsschutz AG.

2 Insurer

Helsana Rechtsschutz AG is the underwriter and undertakes to provide the insured benefits within the framework of the following conditions.

3 Basis of contract

The following General Conditions of Legal Expenses Insurance, the Federal Insurance Contract Act, the Insurance Supervision Law and the Supervision Ordinance are authoritative.

Scope of insurance

4 Personal scope

During the outward and return journey and the holiday or training abroad, the insured person is entitled to legal expenses cover in the following capacities:
– driver, user or owner of the vehicle used;
– renter of cars rented abroad;
– pedestrian;
– passenger in any means of transport.

5 Subject of insurance

5.1 Legal liability disputes
Insured is the enforcement of claims for damages for injury to health or property damage against the perpetrator or their personal liability insurance. Claims for damages arising from theft, misappropriation, loss of property and the misuse of credit cards are excluded.

5.2 Disputes arising from contracts
– Motor vehicle contracts: representation in disputes arising from repair and rental contracts in connection with the vehicle used for the journey/trip. Disputes arising from purchase and leasing contracts are excluded.
– Travel contracts: representation in disputes arising from travel contracts concluded with travel agents domiciled in Switzerland, provided the place of jurisdiction is in Switzerland and Swiss law is applicable.
– School contracts: representation in disputes arising from contracts concluded with schools abroad, provided the place of jurisdiction is in Switzerland and Swiss law is applicable.
– Credit card contracts: representation in disputes with credit card companies domiciled in Switzerland, provided the insured person has fulfilled their duties as specified in the credit card contract.

5.3 Disputes under insurance law
Insured are disputes with social/private insurers, licensed in Switzerland or the Principality of Liechtenstein, in connection with an accident abroad.
Also insured is legal expenses cover in disputes with foreign insurers in connection with the rental of motor vehicles or motor boats, as well as non-motorised hobby/sports apparatus.

5.4 Criminal and administrative proceedings Representation in criminal and administrative proceedings before a foreign police or criminal court, as well as administrative authorities, as a result of negligent violation of foreign legislation.

6 Benefits

6.1 Legal expenses cover abroad consists of the following benefits:
– advice and clarification of the insured person's rights;
– representation of interests in and out of court;
– payment of costs.

6.2 Benefits will be paid up to a maximum amount of CHF 250,000 (or CHF 50,000 for cases outside Europe) per insured case of damage. These benefits comprise:
– experts' fees, including translation and certification costs;
– costs of experts' reports commissioned by the courts, Helsana Rechtsschutz AG or experts representing the latter;
– court costs and any other costs of proceedings to be borne by the insured person;
– compensation;
– debt collection costs;
– in an insured case, advance of bail up to a maximum of CHF 100,000 (CHF 50,000 for cases outside Europe), which the insured person must pay to prevent being taken into custody awaiting trial; the insured person is obliged to repay the amount;
– payments for the required appearance before the court up to a maximum amount of CHF 1,000;
– translation costs for court decisions up to a maximum amount of CHF 500.

6.3 Cession provision
Any legal costs or compensation awarded to the insured person through the courts must be ceded to Helsana Rechtsschutz AG, in so far as they do not exceed the benefits actually paid by the latter.

6.4 Any damages, fines or costs imposed on the insured person, for which a third party is liable, will not be paid by the legal expenses insurance.

7 Geographical scope of cover

Outside of Switzerland and the Principality of Liechtenstein, the insurance coverage is valid worldwide.

Start and end of insurance

8 Time scope

8.1 Insured are persons who had already concluded the appropriate supplementary insurance at the time the legal expenses case occurred.

8.2 When this insurance is terminated, the right to legal protection for cases occurring after the termination date expires at the same time.

8.3 The case is deemed to have occurred at the time of the infringement of rights.

Claim event

9 Obligations in the event of a claim

9.1 Reporting the legal expenses case
The insured person must immediately report the occurrence of a legal expenses case either by dialling the emergency number given on the insurance card or in writing.

9.2 Co-operation of the insured person
The insured person must provide the necessary information and report to us all events in connection with the legal expenses case. Any notifications received by them, especially those from the authorities, must be forwarded to us without delay. All forms of evidence must be handed over to us on request. The insured person must provide the necessary power of attorney allowing Helsana Rechtsschutz AG to gain access to all case-relevant documentation, enter into agreements and accept compensations.

If the insured person deliberately infringes these obligations, benefits can be reduced to the extent of the additional costs incurred. In cases of major violation, benefits can be refused.

10 Procedure in the event of a claim

10.1 After consulting with the insured person the steps necessary for representing their legal interests will be taken.

10.2 If the services of a lawyer are required, in particular in connection with court and administrative proceedings, or in cases of conflict of interests, the insured person is free to propose a lawyer of their own choice. If their choice cannot be complied with, they have the possibility of naming three further lawyers, one of which must be accepted.

10.3 If there are no good reasons for changing lawyers, the insured person will be responsible for paying the costs incurred by so doing.

Insurance cover restrictions

11 Exclusions of benefits

No legal expenses cover will be granted for cases:
- which are not specifically listed;
- which occurred before the relevant supplementary insurance was concluded;
- for warding off claims for damages;
- in connection with the premeditated perpetration of a criminal offence, as well as the premeditated perpetration of legal expenses cases;
- in connection with armed conflicts or riots;
- arising from disputes between the insured person and Helsana Rechtsschutz AG, their official bodies and representatives.
- in connection with the participation in motor vehicle, motor boat or aircraft races;
- relating to disputes in connection with the exercising of a hobby with water- or aircraft, for which an official licence is required.

Miscellaneous

12 Procedure in case of differences of opinion

12.1 If there are differences of opinion on how to proceed, in particular in cases deemed to be futile, the insured person can request that the case be decided by an arbitration tribunal. The arbitrator is decided on by both parties. Further details of this process are set out in the Arbitration Agreement.

12.2 If the insured person presses charges at their own cost, the contractually insured benefits will be paid if the outcome of the proceedings is more favourable than assessed by the insurer.

13 Place of jurisdiction

The insured person’s place of residence in Switzerland or Aarau (head office of Helsana Rechtsschutz AG) are recognised as the legal domicile for disputes arising from this contract.