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Supplementary Insurance Conditions (ZVB) CURA Long-term Care Insurance

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

General

1 Purpose

In the event of chronic illness or chronic consequences of an accident, CURA provides insurance cover up to the amount of the insured daily allowance for any uncovered subsistence costs for inpatient care, and for any uncovered household help costs for outpatient care at home.

Benefits

2 Insured benefits

The insured benefits are based on the daily allowance and the waiting period as agreed upon and stipulated in the policy. The reimbursement cannot exceed the insured daily allowance.

3 Eligibility for benefits

The insured benefits are provided if, during or after the expiry of the agreed waiting period, the insured person receives health care benefits – according to the Ordinance on Health Care Benefits (KLV) – of over 60 minutes in average per day without interruption from the compulsory health care insurance. This average is calculated on the basis of the monthly received care, and these benefits must be provided by a service provider recognised by the Federal Health Insurance Act (KVG).

4 Scope of Benefits

4.1 Subsistence costs for inpatient care

If the requirements according to Section 3 are fulfilled, benefits are granted for proven uncovered subsistence costs for inpatient care provided by a service provider recognised by the Federal Health Insurance Act (KVG).

4.2 Household help for outpatient care

If the requirements according to Section 3 are fulfilled, benefits are granted for proven uncovered household costs, which have been prescribed by a practitioner. The entitlement remains valid even if benefits are provided by a service provider not legally recognised. If benefits are provided by laypersons (e.g. family members), the latter must prove the loss of income resulted in their professional activity.

The benefits for household help are excluded in the event of stays in nursing homes or similar inpatient institutions.

5 Start of benefits

The entitlement to benefits begins upon expiry of the agreed waiting period, from which on the eligibility requirements according to Section 3 are fulfilled and proven.

The prior medical prescription and the care benefits provided effectively according to Section 3 are decisive for the commencement of the waiting period.

If the eligibility requirements according to Section 3 are not fulfilled for more than 12 months, the agreed waiting period shall commence again.

6 Period of benefits

The insured benefits will be paid out without time restrictions in the case of ongoing medical indication. The insured person must submit a medical certificate every six months.

7 Benefits abroad

No benefits are granted for subsistence or household help costs resulting from care performed abroad.

