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Supplementary Insurance Conditions (ZVB) HOSPITAL PLUS/COMFORT BONUS Supplementary Hospital Insurance

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

General

1 Purpose

HOSPITAL BONUS covers accommodation and treatment costs in a hospital and contributes to the accommodation and board costs of inpatient acute and transitional care, balneotherapy and convalescent therapy and household help.

2 Insurance options

The following insurance plans are available for hospital stays:

- a) HOSPITAL PLUS BONUS = semi-private ward
- b) HOSPITAL COMFORT BONUS = private ward

Benefits

3 Insurance cover

- 3.1 HOSPITAL BONUS bears the costs for accommodation and treatment in the hospitals that fulfil the requirements according to Section 8.1 of the General Insurance Conditions (AVB). According to this principle, for hospitals not recorded in the cantonal planning and hospital lists pursuant to Article 39 of the

Federal Health Insurance Act (KVG), benefits are granted from this insurance policy provided the insurer has concluded a KVG contract with the relevant hospital (Helsana KVG contract hospital).

Helsana keeps a list of the Helsana KVG contract hospitals which provides information about the range of recognised benefits. This list is continuously updated and can be examined at Helsana offices or requested in copy.

- 3.2 HOSPITAL PLUS BONUS covers, within the scope of the following conditions, the costs of an inpatient stay in a two-bed room in the semi-private ward of a hospital.
 - 3.3 HOSPITAL COMFORT BONUS covers, within the scope of the following conditions, the costs of an inpatient stay in a single-bed room in the private ward of a hospital.
 - 3.4 If a hospital does not have any ward classifications or has different ward classifications, or if the rates for a ward have not been recognised by the insurer, the conditions will be applied as if the insured person were to stay in the private ward of a hospital. In the event of underinsurance, the conditions set out in Section 6 of these Supplementary Insurance Conditions (ZVB) shall apply.
 - 3.5 Helsana keeps a list of those hospitals which have no private, semi-private or general wards within the meaning of the above conditions. Helsana updates this list continuously. It can be inspected at Helsana offices or requested in copy.
 - 3.6 An annual deductible amount agreed in the policy will only be charged in the case of inpatient treatment in private or semi-private wards.

For insured persons with HOSPITAL COMFORT BONUS who stay in a semi-private ward and have a deductible of up to CHF 3,000, the deductible is waived; for those with a deductible of more than CHF 3,000, the deductible is reduced by CHF 3,000.
- #### 4 Need for hospital treatment
- Benefits are paid for scientifically recognised treatments during a hospital stay if the person's condition makes inpatient treatment necessary.

5 Hospital benefits

- 5.1 An acute care hospital or a psychiatric clinic is deemed to be a hospital if it fulfils the requirements according to Section 3.1.
- 5.2 In the event of hospital treatment, the following comprise the benefits within the limits of the rates recognised by Helsana for the relevant hospital:
- the costs of accommodation and meals
 - doctors' fees
 - the costs of scientifically recognised diagnostic and therapeutic procedures
 - nursing care in the hospital
- 5.3 Benefits for dental treatment under Section 5.2 are paid by the supplementary hospital insurance to the extent that a payment obligation exists under the KVG.

6 Benefits in the event of underinsurance

- 6.1 Persons who are insured with Helsana for a semi-private hospital ward will be provided with 75% of the benefits of HOSPITAL COMFORT BONUS if they stay in a private ward, up to a maximum of 75% of the rates recognised by Helsana for the relevant hospital.
- 6.2 Helsana keeps a list of those hospitals whose rates have not been approved. This list is continuously updated and can be examined at Helsana offices or requested in copy.

7 Duration of benefits

- 7.1 In the event of inpatient treatment in an acute care hospital or a rehabilitation clinic, insured benefits will be paid provided that, in view of the diagnosis and the medical treatment as a whole, a hospital stay is medically necessary.
- 7.2 In the event of inpatient treatment in a psychiatric clinic, insured benefits will be paid for a maximum of 90 days within a calendar year provided that, in view of the diagnosis and the medical treatment as a whole, a stay in a psychiatric clinic is medically necessary and chronic symptoms do not exist.
- 7.3 In the event of stays in psychiatric day and overnight clinics, no benefits will be paid.

8 Benefits abroad

- In the event of an inpatient stay in an acute care hospital, a rehabilitation or psychiatric clinic abroad, the following benefits will be paid toward the documented costs of scientifically recognised and appropriate medical treatment and for accommodation and meals:
- HOSPITAL PLUS BONUS: up to CHF 1000 per day for a maximum of 60 days per calendar year in the case of planned treatments or sudden illnesses and accidents.
 - HOSPITAL COMFORT BONUS:
 - up to CHF 1500 per day for a maximum of 60 days per calendar year in the case of planned treatments;

- in the case of sudden illnesses and accidents requiring inpatient care in the country being visited, the costs of initial medical treatment in an acute care hospital or a psychiatric clinic will be covered without limitation in terms of the amount for a maximum of 60 days per calendar year provided that repatriation to Switzerland is not a reasonable option. In the event of further treatment in a third country, the benefit limits for planned treatments apply.

9 Benefits for newborn children

The costs of a healthy newborn baby's stay in hospital will be covered during the period of the mother's stay in hospital.

10 Acute and transitional care

For inpatient acute and transitional care following a hospital stay that is prescribed by the hospital in line with the provisions of the Health Insurance Act (KVG), Helsana pays for the uncovered costs of the room and meals as follows:

- HOSPITAL PLUS BONUS up to CHF 120 per day for a maximum of 14 days per calendar year
- HOSPITAL COMFORT BONUS up to CHF 180 per day for a maximum of 14 days per calendar year.

11 Balneotherapy and convalescent therapy

In the event of balneotherapy or convalescent therapy, the following benefits will be paid towards the documented costs:

- HOSPITAL PLUS BONUS: up to CHF 60 per day for a maximum of 30 days per calendar year
 - HOSPITAL COMFORT BONUS: up to CHF 90 per day for a maximum of 30 days per calendar year
- 11.2 Entitlement to the benefits for balneotherapies exists only if such treatment was prescribed by a doctor prior to the commencement of therapy and takes place on an inpatient basis at an approved spa facility within the meaning of the Swiss Health Insurance Act (KVG). The balneotherapy must be preceded by intensive, scientifically recognised and appropriate treatment, unless such treatment is not possible. A medical entry examination must be carried out at the beginning of the therapy, and the therapy and related physical treatment must be carried out in accordance with a treatment plan. The minimum duration of a balneotherapy is 14 days.
- 11.3 Helsana can, on request, also grant benefits for a cure at a spa facility outside Switzerland, provided that the conditions contained in Section 11.2 (with the exception of approval by the Swiss Health Insurance Act (KVG)) are fulfilled.
- 11.4 Entitlement to the benefits for convalescent therapies exists if such a therapy is medically necessary for recovery or convalescence from a severe illness, is medically prescribed before commencement of the therapy and is carried out at a convalescent facility in Switzerland that is recognised by Helsana.

11.5 Helsana must receive the medical prescription before the start of the cure, along with the name of the balneotherapy or convalescent facility and the date of arrival there.

12 Household help

12.1 If an insured person requires household help services on the basis of a medical prescription in the event of 100% incapacity to work due to their health condition and personal family circumstances, and if a hospital stay or stay in a convalescent facility can thereby be avoided or shortened, the following benefits will be paid per day in respect of the documented costs:

- a) HOSPITAL PLUS BONUS: up to CHF 60 per day for a maximum of 30 days per calendar year
- b) HOSPITAL COMFORT BONUS: up to CHF 90 per day for a maximum of 30 days per calendar year

12.2 A household help provider is anyone who looks after the household on behalf of the insured person, whether this is an independent professional help provider or one who works for an organisation.

12.3 Any person who acts on behalf of the insured person to maintain their household and thereby suffers demonstrable loss of income from their profession or employment can also be recognised as a household help provider for the purposes of these benefits.

12.4 In the event of a stay in a nursing home or similar institution, no benefits for household help will be provided.

Miscellaneous

13 Insurance plan without accident

In return for a premium reduction, insurance cover for the consequences of accidents may be excluded. Accident cover can be reinstated or newly included up to the insured person's 70th birthday without the need for a medical examination.

14 Special condition for special types of insurance

For insured persons who have obtained other special forms of insurance under compulsory health care insurance pursuant to the KVG (e.g. HMOs, other general practitioner models or insurance models with limited choice of service providers), the limiting conditions for a benefits claim set forth in the relevant General Insurance Conditions apply to this insurance policy as well.

15 Bonus system

If no benefits are claimed for hospital or outpatient treatment within at least two observation periods, this results in a premium reduction.

15.1 The initial premium in the bonus system is the applicable premium fixed on 1 January of an insurance year based on the age of the insured person and any selected insurance plan options with premium reductions or supplements.

15.2 If an insured person has not claimed any benefits during two observation periods, each lasting from 1 July until 30 June, and has not already reached the lowest bonus level, he or she shall benefit from a premium reduction (bonus) as of 1 January of the third year calculated as follows:

	Bonus as percentage of initial premium	Bonus level
Basic level	0 %	4
after one observation period with no benefits claimed (second year)	0 %	3
after two observation periods with no benefits claimed (third year)	10 %	2
after three observation periods with no benefits claimed (fourth year)	15 %	1
after four and more observation periods with no benefits claimed (from fifth year)	20 %	0

15.3 If an insured person has claimed benefits during the course of an observation period, the premium increases with effect from 1 January of the following year to the level of the initial premium under Section 15.1. Each treatment date is considered a claim for benefits.

15.4 If benefits have been claimed in the previous observation period, the insured person shall be notified of this in writing and shall have the opportunity until 30 September of reinstating the forfeited bonus through repayment of the benefits paid by Helsana.

15.5 To make a valid claim for benefits, the invoices for the expenses claimed must be submitted to the insurer within 30 days after their receipt. If they are submitted late, this will result in a retroactive correction of the bonus level. Any premium reduction improperly granted to the insured persons will be offset against any benefits granted or otherwise reclaimed.