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

Helsana

Edition 1 January 2022

Additional Insurance Conditions (ZVB) VIVANTE – Long-term Care Insurance for Individuals

Contents

General

1 Purpose
2 Definition of the need for care
3 Waiting period

Benefits

4 Determination of the need for care
5 Care levels
6 Start of entitlement to benefits
7 Alteration and end of entitlement to benefits
8 Assessment of the need for care
9 Provision of benefits
10 Benefit exclusions
11 Obligations in the event of a claim
12 Miscellaneous

Appendix

Questionnaire for assessing the need for care

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

General

1 Purpose

According to the insurance option selected, VIVANTE protects the insured person against the economic consequences of a need for long-term care that arises due to illness or accident. VIVANTE provides fixed-sum insurance cover: In the event of a proven need for care, it provides benefits in accordance with the insurance contract without the need to substantiate a claim.

2 Definition of the need for care

Persons in need of care are considered to be persons who, due to illness or accident, require a substantial level of third-party assistance (at least care level 1 according to Section 5) to perform the 10 activities of daily living (ADLs) for an extended period of time, i.e. for at least six months in accordance with medical knowledge.

The need for personal supervision does not in itself represent a need for care.

Third-party assistance consists of taking over or facilitating performance of the 10 activities of daily living. The assistance can be performed by specialists or laypersons.

The 10 activities of daily living are:

1 Eating

2 Washing

3 Bathing or showering

4 Dressing

5 Getting on and off the toilet

6 Transferring from bed to chair

7 Walking

8 Ascending and descending stairs

9 Controlling the bowel

10 Controlling the bladder

3 Waiting period

In the event of a need for care arising due to illness or occupational illness, the entitlement to benefits begins at the earliest after a waiting period of three years from the start of the insurance. There is no waiting period for benefits in the event of an accident.

Occupational illnesses are illnesses caused by particularly harmful materials or certain types of work, as well as other illnesses caused exclusively or to a highly predominant extent by occupational activities. The list drawn up by the Federal Council in the context of the Accident Insurance Act (Art. 9 UVG) is authoritative in this regard.

Benefits

4 Determination of the need for care

The need for care of the insured person is assessed using the questionnaire in the appendix to evaluate how restricted the person is in performing each of the 10 activities of daily living via a points system. For each question, 0 points indicates no restriction, 5 points indicates moderate restriction and 10 points indicates severe restriction. The points for all 10 activities of daily living are totalled, yielding a value between 0 and 100 points.

5 Care levels

There are four care levels:

25% of the agreed daily allowance is paid out starting from a score of 25 points (care level 1)

50% of the agreed daily allowance is paid out starting from a score of 50 points (care level 2)

75% of the agreed daily allowance is paid out starting from a score of 75 points (care level 3)

100% of the agreed daily allowance is paid out with a score of 100 points (care level 4)

The amount of the agreed daily allowance is specified in the insurance policy.

6 Start of entitlement to benefits

The entitlement to benefits begins no earlier than the day on which the need for care is proven to exist. Three requirements must be satisfied in this regard: A medical certificate must provide confirmation of
– an illness or an accident;
– a resulting need for care that is predicted to last at least six months;
– in addition, assessment using the questionnaire (in the appendix) must indicate a need for care with a score of at least 25 points.

For illness or occupational illness, this entitlement begins at the earliest three years after the start of the insurance, even if the underlying illness or occupational illness had already arisen during the waiting period.

7 Alteration and end of entitlement to benefits

The entitlement to benefits is altered when reassessment of the need for care indicates that a different care level is applicable.

The entitlement to benefits ends when reassessment of the need for care using the questionnaire indicates a total score of fewer than 25 points, or in any case upon termination of the contract or the death of the insured person.

8 Assessment of the need for care

The insured person must notify Helsana of the claim within 14 days.

Helsana then requests a medical report that must confirm the presence of an illness or accident, as well as a need for care (for at least six months).

If the insured person is under the care of a specialist, Helsana shall then assign this specialist to assess the need for care.

If the insured person is not under the care of a specialist, Helsana shall assign a specialist independent of the insurance to perform this assessment.

The specialist shall assess the need for care by filling out the questionnaire and immediately sending it to Helsana for evaluation.

A specialist is considered to be any graduate healthcare professional who is recognised and registered as a service provider in accordance with the Federal Health Insurance Act (KVG). Certified healthcare professionals assigned/employed by Helsana are deemed to be equal.

Helsana is entitled to verify medical assessments and the need for care at any time.

9 Provision of benefits

Benefits are calculated on a daily basis and are paid out once per month. The payment is made in Swiss national currency to a bank account in Switzerland.

Unless otherwise agreed with the insurer, Helsana benefits shall only be paid for care performed in Switzerland.

10 Benefit exclusions

In addition to the benefit exclusions specified in Section 21.1 of the AVB for Supplementary Health Insurance, no benefits are provided in the following cases:

– in the event of a need for care attributable to pregnancy, childbirth, prenatal damage, congenital defects and the directly resulting consequences thereof. Congenital defects are illnesses already in existence at birth.
– for hospital stays on the part of the insured person (e.g. due to a temporary deterioration of their condition). A hospital is considered to be a publicly recognised institution or ward used for the inpatient treatment of acute illnesses and the onsite performance of medical rehabilitation measures.
– for care provided abroad;
– in the event that the duties of notification and other obligations necessary to make a claim have been violated (with the exception of any such violation that occurs through no fault of the insured person).

11 Obligations in the event of a claim

Each instance of care that could be used to justify an entitlement to benefits must be communicated to Helsana in writing within 14 days. If notification of the need for care is late, entitlement to the insured benefits will commence on receipt of the notification at the earliest.

Any alteration in the need for care and every admittance to a hospital or release from a hospital must also be communicated to Helsana in writing within 14 days.

If so requested by Helsana, the insured person must undergo a medical examination by a doctor designated by Helsana. Similarly, Helsana can assign specialists to verify or reassess the need for care.

12 Miscellaneous

In deviation from Section 12.1 of the AVB for Supplementary Health Insurance, premiums are calculated on the basis of the insured person's entry age. Section 12.2 of the AVB for Supplementary Health Insurance does not apply.

In deviation from Section 9.3 of the AVB for Supplementary Health Insurance, unless otherwise agreed, the insurance expires in the event of the insured person relocating their place of residence abroad, even if the insured person remains subject to compulsory health insurance or continues basic insurance coverage in terms of Art. 7a of the Health Insurance Ordinance (KVV).

In addition to Section 11.1 d) of the AVB for Supplementary Health Insurance, Helsana is also entitled to amend the AVB and ZVB if compulsory care insurance is introduced.

Appendix

Questionnaire for assessing the need for care

		Note: Assessment is based on observation over the past four weeks.	Points
1	Can the client **eat** without help from others?	○ No, go to the next question	–
		○ Yes, go to question 2	0
	Does the client require assistance when eating?	○ Yes, but only in preparation of the food	5
		○ Yes, but only partially (the client can still perform certain activities autonomously)	5
		○ Yes, the activities must be entirely performed by the other person (the client can no longer act autonomously)	10
2	Can the client perform **washing** activities without help from others?	○ No, go to the next question	–
		○ Yes, go to question 3	0
	Does the client require assistance in performing washing activities?	○ Yes, but only partially (the client can still perform certain activities autonomously)	5
		○ Yes, the activities must be entirely performed by the other person (the client can no longer act autonomously)	10
3	Can the client **bathe or shower** without help from others?	○ No, go to the next question	–
		○ Yes, go to question 4	0
	Does the client require assistance when bathing or showering?	○ Yes, but only partially (the client can still perform certain activities autonomously)	5
		○ Yes, the activities must be entirely performed by the other person (the client can no longer act autonomously)	10
4	Can the client **get dressed** without help from others?	○ No, go to the next question	–
		○ Yes, go to question 5	0
	Does the client require assistance when getting dressed?	○ Yes, but only partially (the client can still perform certain activities autonomously)	5
		○ Yes, the activities must be entirely performed by the other person (the client can no longer act autonomously)	10
5	Can the client **get on and off the toilet** without help from others?	○ No, go to the next question	–
		○ Yes, go to question 6	0
	Does the client require assistance when getting on and off the toilet?	○ Yes, but only partially (the client can still perform certain activities autonomously)	5
		○ Yes, the activities must be entirely performed by the other person (the client can no longer act autonomously)	10
		Score 1	

Continued on the next page

			Points
6	Can the client **transfer (from bed to chair)** without help from others?	○ No, go to the next question	–
		○ Yes, go to question 7	0
	Does the client require assistance when transferring (from the bed to the chair)?	○ Yes, but only to the extent that someone is there to monitor the situation	5
		○ Yes, but only partially (the client can still perform certain activities autonomously)	5
		○ Yes, the activities must be entirely performed by the other person (the client can no longer act autonomously)	10
7	Can the client **walk** without help from others?	⊙ No, go to the next question	–
		○ Yes, go to question 8	0
	Does the client require assistance when walking?	○ Yes, but only partially (the client can still walk with the help of another person)	5
		○ Yes, walking is impossible, requires complete assistance (the client can no longer act autonomously)	10
8	Can the client **ascend and descend stairs** without help from others?	○ No, go to the next question	–
		○ Yes, go to question 9	0
	Does the client require assistance when ascending and descending stairs?	○ Yes, but only partially (the client can still ascend and descend stairs with the help of another person)	5
		○ Yes, ascending and descending stairs is no longer possible, requires complete assistance (the client can no longer act autonomously)	10
9	Is the client incapable of **controlling their bowels**?	○ Yes, go to the next question	–
		○ No, go to question 1	0
	How often is the client incapable of controlling their bowels?	○ Once a week or less	5
		○ More than once a week	10
10	Is the client incapable of **controlling their bladder**?	○ Yes, go to the next question	–
		○ No (questionnaire completed)	0
	How often is the client incapable of controlling their bladder?	○ Once a day or less	5
		○ More than once a day	10
	Scores	Score 1	
		Score 2	
		Total score	

Scoring key

I obtained the following score:	**This indicates:**	**The insurer will pay:**
Below 25	No need for care	No daily allowance
25–45 points	Care level 1	25% of the agreed daily allowance
50–70 points	Care level 2	50% of the agreed daily allowance
75–95 points	Care level 3	75% of the agreed daily allowance
100 points	Care level 4	100% of the agreed daily allowance