Supplementary Insurance Conditions (SIC)

“Hospital Flex” from AXA

– Hospital Flex 1
– Hospital Flex 2

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Supplementary Insurance Conditions (SIC)

Part A
Requirements for coverage

A1 What benefits does the insurance cover?

A1.1 Supplementary to mandatory health insurance and in the framework of the following provisions, AXA assumes the costs of the stay and of the treatment in all wards of a hospital that is included in the cantonal planning and hospital lists according to Art. 39 KVG (listed hospital) or is recognized by AXA. The insured determines, at the latest on enrollment into the hospital, in which ward they want to be treated.

A1.2 If no division of its wards or a different division than into private, semi-private and general wards applies to the hospital in question, the provisions apply as if the insured were staying in a private ward of a hospital.

A1.3 AXA maintains a corresponding list according to G9 GIC, from which it is clear which hospitals are and are not recognized and which hospitals do not contain private or semi-private wards in accordance with par. A1.2. This list can be inspected at AXA or extracts can be requested.

A2 What are the general requirements for insurance coverage?

A2.1 AXA pays benefits for scientifically recognized healing techniques in the context of a stay in a hospital, provided the state of the insured's health necessitates inpatient treatment (hospital necessity).
In all other respects, section C of the GIC applies.

A2.2 The benefits of this insurance are paid according to C6 GIC only subsequent to the benefits from social insurance. Cost contributions covered by social insurance and cost contributions from social insurance are not covered by this insurance.

A2.3 The benefits paid by AXA are based on the actual costs. AXA assumes no more than the costs that actually arise and can be proven, unless in individual cases another arrangement has been expressly agreed. This insurance is indemnity insurance.

Part B
Insured benefits in detail

B1 What costs are assumed for a stay in an acute-care hospital, a rehabilitation clinic or a psychiatric clinic?

B1.1 Hospital benefits

B1.1.1 AXA pays the following costs for an inpatient stay in an acute-care hospital (cf. D1), a rehabilitation clinic or a psychiatric clinic, provided the provisions in section A are met:
- doctors' fees;
- the costs of overnight stays and meals (hotel and catering);
- care benefits and
- the costs of scientifically recognized diagnostic and therapeutic measures.

B1.1.2 The insured has the free choice of doctor from the doctors recognized by AXA. AXA maintains corresponding lists according to G9 GIC, from which it is clear which doctors are not recognized. These lists can be inspected at AXA or extracts can be requested.

B1.1.3 For planned treatment, the insured must request coverage confirmation for the chosen service provider and the chosen ward from AXA. Coverage confirmation must have been granted before the start of the treatment; otherwise, AXA can refuse to pay the costs of the treatment. In an emergency, the insured must request coverage confirmation without delay.

B1.2 Benefit period

B1.2.1 AXA assumes the cost of treatment in an acute-care hospital, provided a stay is medically necessary considering the diagnosis and the entire medical treatment.

B1.2.2 For inpatient treatment in a rehabilitation clinic, the insured benefits are paid for a maximum of 60 days per calendar year, provided, considering the diagnosis and the entire medical treatment, a stay in a rehabilitation clinic is medically necessary and the insured is not suffering from a chronic illness.

B1.2.3 For inpatient treatment in psychiatric clinics, the insured benefits are paid for a maximum of 90 days per calendar year, provided, considering the diagnosis and the entire medical treatment, a stay in a psychiatric clinic is medically necessary. No benefits are paid for stays in psychiatric day and night clinics.

B1.3 Benefits abroad

B1.3.1 **Planned treatments abroad**
This insurance pays a total of at most CHF 1,000 per day for a maximum of 30 days per calendar year toward the costs of planned inpatient treatment abroad.

B1.3.2 **Emergency treatment abroad**
For emergency treatment abroad according to A4.2 GIC, AXA pays a total of at most CHF 1,000 per day for a maximum of 30 days per calendar year, for as long as the insured cannot be expected to return to Switzerland.

B2 Does AXA assume the costs of a stay by an accompanying person if the insured is in hospital (rooming-in)?

In the event of a hospital stay by an insured, this insurance pays a contribution toward the costs of the stay for an accompanying person of up to CHF 80 per day, at most CHF 2,000 per calendar year, provided the insured has not yet reached the age of 50.

B3 Does AXA assume the costs of childcare at home?

B3.1 AXA pays benefits of up to CHF 50 per day for up to 30 days per calendar year for the care for children up to age 15. Insofar as a person insured under this insurance is hospitalized as an inpatient in connection with insured illnesses and accidents, entitlement to benefits for the care for children at home applies.

B3.2 The benefit entitlement applies on weekdays during standard working hours provided the AXA emergency and organization center was contacted in advance and the childcare was organized by them.

B4 What benefits are covered by AXA in maternity cases and for new-born babies?

B4.1 AXA grants the following benefits in maternity cases, provided the qualifying period has expired (B3 GIC):
- the same benefits as for illness;
- the costs of a birthing center or a birth-assistance clinic in accordance with the recognized tariff and
- for an outpatient birth at home, the one-off, maximum amount of CHF 1,500 per birth (multiple births count as one birth).

B4.2 The costs for a healthy new-born baby are paid for the duration of the mother's hospital stay.

B5 Does AXA assume the costs of spa treatments?

B5.1 AXA pays benefits of up to CHF 30 per day for up to 21 days per calendar year for a spa treatment, provided the treatment was prescribed by a doctor in advance and takes place on an inpatient basis in a health spa that is run by a doctor and is recognized under the Federal Law on Health Insurance (KVG) or by AXA. The spa treatment must have been preceded by an intensive, scientifically recognized, appropriate treatment, unless such a therapy was not possible. A further requirement is that the spa treatment is overseen by the spa medical staff, comprises balneological or physical measures, and lasts at least 14 days.

B5.2 On request, AXA can also grant benefits for a spa treatment abroad, provided the above requirements are met, with the exception of the recognition of the service pro-

vider under the Federal Law on Health Insurance (KVG) or by AXA.

B5.3 The doctor's prescription must be handed to AXA prior to the spa treatment, and must include the name of the health spa and the date on which the treatment starts.

B5.4 We assume the costs of either a spa treatment or convalescence treatment once per calendar year at most.

B6 Are convalescence treatments covered by the insurance?

B6.1 AXA pays benefits of up to CHF 60 per day for up to 21 days per calendar year for a convalescence treatment, provided it is prescribed by a doctor in advance, is necessary for the healing or recovery from a serious illness or after a hospital stay, and takes place on an inpatient basis in a spa in Switzerland recognized by AXA.

B6.2 On request, AXA can also grant benefits for a convalescence treatment abroad, provided the above requirements are met, with the exception of the recognition of the service provider by AXA.

B6.3 The doctor's prescription must be handed to AXA prior to the spa treatment, and must include the name of the spa and the date on which the treatment starts.

B6.4 We assume the costs of either a spa treatment or convalescence treatment once per calendar year at most.

B7 Are the costs of a stay in a nursing home or chronic care facility covered?

B7.1 AXA only pays benefits for acute hospitalization.

B7.2 Benefits for chronic illnesses and their treatment are not covered by this insurance. Chronic illnesses are defined as treatments that no longer require acute, inpatient hospitalization.

B7.3 Stays in facilities not intended for the treatment of persons with acute illnesses, i. e. in nursing homes, old people's homes, apartments for the elderly, chronic care facilities, hospices or long-term stays in psychiatric day and night clinics are not covered by this insurance.

Part C
Cost contribution and insurance options

C1 How high are the cost contributions of the insured?

C1.1 Hospital Flex is offered under two cost contribution options.

C1.1.1 Under Hospital Flex 1, the insured pays the following cost contribution (deductible):

- in a general ward: no cost contribution;
- for a stay in a two-bed room in a semi-private ward: 20 % of the costs, up to CHF 2,000 per calendar year;
- for a stay in a one-bed room in a private ward: 35 % of the costs, up to CHF 4,000 per calendar year.

C1.1.2 Under Hospital Flex 2, the insured pays the following cost contribution (deductible):

- in a general ward: no cost contribution;
- for a stay in a two-bed room in a semi-private ward: 20 % of the costs, up to CHF 4,000 per calendar year;
- for a stay in a one-bed room in a private ward: 35 % of the costs, up to CHF 8,000 per calendar year.

C1.2 The agreed cost contribution option can be found in the policy.

C2 Can I exclude accident coverage?

Accident coverage can be excluded whereby the premium is reduced. In case of reinstatement or initiation of accident coverage, AXA may carry out a medical examination; A5.2 GIC applies by extension.

C3 How can I change my chosen insurance options?

C3.1 A change to an insurance option with greater coverage can be requested by giving three months' notice of the change as per the start of the calendar year. AXA may agree to the change after a medical examination, exclude from greater coverage any illnesses and consequences of accidents that exist at the time of the application for the change, or turn down the application.

C3.2 In the event of a pregnancy, a change to an insurance option with greater coverage is subject to a qualifying period of 365 days in accordance with B3 GIC.

Part D
Miscellaneous

D1 What is an acute-care hospital?

D1.1 Acute-care hospitals are defined as hospitals and clinics that are run and overseen by a doctor and admit acutely ill patients or accident victims.

D1.2 The following are not acute-care hospitals and are regulated separately in the SIC: birth-assistance clinics, birthing centers, psychiatric clinics, rehabilitation clinics and spas. Similarly, the following do not meet the definition of acute-care hospitals: old people's homes, nursing homes, chronic care facilities, hospices and other facilities not intended for the treatment of persons with acute illnesses.

D2 Are age groups used for determining the premiums?

The following age groups are used for determining the premiums:

- 0 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- 26 to 30 years
- 31 to 35 years
- 36 to 40 years
- 41 to 45 years
- 46 to 50 years
- 51 to 55 years
- 56 to 60 years
- 61 to 65 years
- 66 to 70 years
- 71 to 75 years
- 76 years and older

Moving into a new age group may lead to a change in premiums.

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