

Supplementary Conditions (SC)

Basic Supplementary Health Insurance Basic Flex (FLIC)

Outpatient, Complementary, Hospital Flex

Note:

- For reasons of readability only the male pronoun is used.

Family discount (valid for new contracts from 1/1/2020 onwards)

The second child and every additional child receive a 50 % premium discount until they reach the age of 18. The discount is only granted if at least two children have supplementary health insurance with Visana Insurance Ltd. Once the first child has reached the age of 18, the second child counts as the first child and therefore is no longer entitled to a discount.

If, due to insurance-related reasons, a 50 % family discount is no longer justifiable for the product, Visana Insurance Ltd has the right to reduce or cancel the discount accordingly, at the end of a calendar year.

Visana Insurance Ltd shall give notice of reduced or cancelled discount no later than 30 days before it comes into force. You then have the right to terminate the insurance cover affected by the reduction or cancellation of discount at the end of the current calendar year. In order to be valid, the notice of termination must reach Visana Insurance Ltd no later than on the last working day of the calendar year. If you do not serve such notice of termination, this equates to acceptance of the change on your part.

What age groups apply?

In deviation from art. 7.2 of the General Conditions of Contract for Basic supplementary health insurance (FLIC), the last age group is reached upon turning 71.

I Benefit components of Basic Outpatient

The Supplementary Conditions constitute part of the insurance contract. You are expressly advised to take notice of the Gen-

eral Conditions of Contract for Basic Supplementary Health Insurance.

What are you insured for?

The benefit components insured for with Basic Outpatient insurance are as follows:

- Contributions for outpatient treatment, examinations, preventive measures, drugs, and aids and appliances supplementary to the benefits provided by the obligatory health care insurance.
- Vacanza Travel Insurance provided by Visana Insurance Ltd for eight weeks per trip.
- Assistance Insurance for 24-hour on-the-spot assistance in Switzerland provided by Visana Insurance Ltd.

1. General information

1.1 What conditions have to be fulfilled?

The Basic Outpatient benefit components constitute indemnity insurance.

Benefits are paid from Basic Outpatient insurance for effective, expedient and economic medication, methods of diagnosis, therapeutic measures, drugs, and aids and appliances. Benefits will be paid solely in addition to those of the obligatory health care insurance. Proportions of costs which are covered by the obligatory health care insurance and participation in costs arising from the obligatory health care insurance are not insured by Basic Outpatient insurance, whether the insure person has obligatory insurance or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred. Accident cover cannot be excluded.

2. Catalogue of benefits

The benefits from Basic Outpatient are calculated on the basis of the cost of treatment that is not paid by the obligatory health care insurance. Benefits paid by the obligatory insurance are settled first. The percentages indicated in the following table refer to the part remaining of the cost of treatment.

| Basic Outpatient | | Special conditions |
|---|------|--------------------|
| Drugs (medically prescribed) <ul style="list-style-type: none"> ▪ Medicinal drugs authorized for use for the indication concerned by Swissmedic, the Swiss Agency for Therapeutic Products No contributions are made for preparations on the List of Pharmaceutical Preparations Paid for by Insureds (LPPV) and for drugs on Visana's list of drugs (cf. para. 3.5 GCI). | 90 % | Paragraph 3.1 |
| Cosmetic operations Correction of projecting ears at the usual local tariff | 90 % | |
| Sterilization/vasectomy (at the usual local tariff) | 90 % | |

| Basic Outpatient | | Special conditions |
|---|--|----------------------|
| <p>Non-medical psychotherapy Contribution per session:</p> <ol style="list-style-type: none"> 1. series of 20 consultations 2. series of 40 consultations | <p>CHF 60.– CHF 50.–</p> | <p>Paragraph 3.2</p> |
| <p>Dental surgery (at the valid tariff for the obligatory health care insurance)</p> <ul style="list-style-type: none"> ■ Labial resection ■ Root tip resection ■ Extraction of teeth with separation or a flap ■ Extraction of a retained/impacted tooth ■ surgical extraction of wisdom teeth (incl. anesthetic, necessary x-rays and follow-up treatment) <p>maximum sum per calendar year</p> | <p>25 % CHF 500.–</p> | |
| <p>Correction of malpositioned teeth (at the valid tariff for the obligatory health care insurance) Maximum sum per insured person (diagnosis, planning, treatment, including apparatus and check ups until treatment is concluded)</p> | <p>80 % CHF 10'000.–</p> | |
| <p>Aids and apparatus (medically prescribed) Contribution to purchase or rental supplementary to those of a social insurance (KV, UV, IV, AHV, EL, EMV), maximum sum per calendar year</p> | <p>90 % CHF 1'000</p> | <p>Paragraph 3.3</p> |
| <p>Eye glasses and contact lenses</p> <ul style="list-style-type: none"> ■ Children and juveniles up to 18 maximum sum per calendar year ■ Adults maximum sum every three years <p>Eye glasses/contact lenses with corrections of more than 10 diopters maximum sum per calendar year No benefits for the cost of frames and for fitting contact lenses</p> | <p>90 % CHF 200.– 90 % CHF 200.– 90 % CHF 750.–</p> | |
| <p>Home help and home nursing Daily contribution for a maximum of 30 days per calendar year Daily contribution for a maximum of 30 additional days per calendar year</p> | <p>CHF 50.– CHF 25.–</p> | <p>Paragraph 3.4</p> |
| <p>Maternity Checks ups and sonography examinations (at the valid tariff for the obligatory health care insurance)</p> | <p>90 %</p> | |
| <p>Preventive examinations/Check-up Preventive gynecological examinations (at the valid tariff for the obligatory health care insurance) Check up every three years (at the valid tariff for the obligatory health care insurance) maximum</p> | <p>90 % 90 % CHF 300.–</p> | |
| <p>Protective vaccinations and vaccinations for travel (at the valid tariff for the obligatory health insurance) maximum sum per calendar year</p> | <p>90 % CHF 200.–</p> | |
| <p>Cost of transport and travel Medically necessary transport to the nearest hospital (at the tariff valid for the obligatory health care insurance) maximum sum per calendar year Cost of travel maximum sum per calendar year</p> | <p>90 % CHF 20'000.– 50% CHF 2'000.–</p> | <p>Paragraph 3.5</p> |
| <p>Cost of search, rescue and recovery maximum sum per calendar year If a corpse has to be recovered the cost of transport covers the costs incurred until the corpse is placed in a coffin.</p> | <p>90 % CHF 25'000.–</p> | <p>Paragraph 3.6</p> |

| | | |
|---|-----|--------------------|
| Basic Outpatient | | Special conditions |
| Payments abroad Cover for eight weeks per trip from Vacanza Travel Insurance No benefits are paid if insured persons go abroad expressly to receive treatment. | Yes | |

3. Special conditions

3.1 Drugs

If a limit is imposed to combat misuse of a drug listed on the specialty list of the Federal Office of Public Health, no benefits will be paid from Basic Outpatient insurance for any amounts of the drug drawn in excess of the limit.

If the Federal Office of Public Health determines the maximum amount that can be paid for a drug by the obligatory health care insurance, any difference in the sales price will not be refunded by Basic Outpatient Insurance.

Benefits may also be reduced if prices are charged which are higher than usual in the branch (e.g. if such exceed the recommendations of the Federal Drug Commission) and/or if manufacturers modify prices. Visana can also proceed as in the foregoing in the case of excessive price margins on the part of physicians, pharmacists or institutions.

Such reductions can only be made when negotiations with manufacturers, physicians, pharmacists and institutions have been concluded without success.

3.2 Non-medical psychotherapy

Benefits are only paid for treatment by psychotherapists who are authorized as service providers for the obligatory health care insurance.

Until the provisions of the obligatory health care insurance concerning payment of benefits for treatment by non-medical psychotherapists take force, contributions will be paid as long as the therapy is provided by a psychotherapist who is recognized by Visana Insurance Ltd. Visana Insurance Ltd maintains a list of recognized psychotherapists that you are entitled to see and/or from which you may request an extract.

Once the provisions take force in the obligatory health care insurance these benefits will be excluded from Basic Outpatient insurance.

3.3 Aids and appliances

A guarantee of payment has to be requested from Visana Insurance Ltd for expensive, reusable aids and appliances (paragraph 8.1 GCC). Visana Insurance Ltd is entitled to issue such aids and appliances for use or to negotiate for such on behalf of the insured.

3.4 Home help and home nursing

Benefits are paid for routine household work, as long as the assistance is medically prescribed and the work is performed

- by staff of a home nursing organization or
- by someone who is not closely related to the insured or
- by someone who does not live in the same household.

Close relatives are deemed to be partners in life, parents, children and their partners in life, their siblings and their partners in life. Contributions will also be paid if a close relative gives up or takes a break from gainful employment to nurse the insured.

Contributions will be paid for home nursing if a stay in hospital or in a rehabilitation unit can be avoided or cut short by medically prescribed home nursing with suitably trained nursing staff.

3.5 Cost of travel

Benefits will be paid for cost of travel for special series of treatments that can only be carried out at certain treatment centers located some distance from the insured's residence (e.g. uni-

versity clinics). In particular such include hemodialysis, treatment of paralysis, radiation therapy as a treatment for cancer. Costs are refunded on the basis of the cost of 2nd class travel with public transport or at a rate of CHF –.60 per km for private transport (including taxis).

3.6 Cost of rescue

Rescue differs from the general term of transport in that the insured has to be freed from a life-threatening situation.

3.7 Vacanza Travel Insurance

Vacanza Travel Insurance covers the costs incurred because of illness and accidents during travel abroad that are not otherwise covered for at most eight weeks per trip. The insurance is valid worldwide outside Switzerland. The insurance cover also includes on-the-spot service and legal protection insurance. The insurance cover is cancelled if the obligatory health care insurance terminates and/or if the insured moves his domicile (centre of vital interests) abroad.

The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) FLIC 2022 for Vacanza Travel Insurance of Visana Insurance Ltd.

3.8 Assistance on-the-spot benefits

Visana Assistance on-the spot service offers advice and services in case of emergency in Switzerland. Assistance is given 24 hours per day and mainly consists of organizing and coordinating the specific measures required. The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) 2012 for the service benefits of «Visana Assistance CH» of Visana Insurance Ltd.

3.9 The following are integrated parts of the benefit components of Basic Outpatient:

- GCC FLIC 2022 Vacanza Travel Insurance of Visana Insurance Ltd
- GCC 2012 for the service benefits of «Visana Assistance CH» of Visana Insurance Ltd.

II Benefit components of Basic Complementary

The Supplementary Conditions constitute part of the insurance contract. You are expressly advised to take notice of the General Conditions of Contract for Basic Supplementary Health Insurance.

What can you insure for?

The following benefit components may be insured with Basic Complementary insurance: contributions to the cost of outpatient and stationary treatment using complementary forms of treatment, therapy and drugs.

1. General information

1.1 What are the conditions that have to be fulfilled?

The Basic Complementary benefit components constitute indemnity insurance.

Benefits are paid from Basic Complementary for effective, expedient and economic drugs and methods of diagnosis and therapy used in the field of complementary medicine.

Benefits will be paid solely in addition to those of the obligatory health care insurance. Proportions of costs which are covered by the obligatory health care insurance and participation in costs arising from the obligatory health care insurance are not insured by Basic Complementary insurance, whether the insured person has obligatory insurance or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred.

Benefits from Basic Complementary will be provided in Switzerland and in countries bordering on Switzerland (100 km from the Swiss border). The same contributions will be made for emergency treatment outside Switzerland if it is carried out by doctors and therapists recognized by the State.

Recognized service providers are deemed to be doctors with a federal diploma, recognized naturopaths and therapists. Under the term recognized naturopaths and therapists Visana Insurance Ltd understands persons who, for the form of complementary therapy or measure in question, fulfil the specific requirements for recognition established by Visana Insurance Ltd in cooperation with doctors and therapists for each form of therapy or measure.

Recognized forms of therapy are specified in a separate list which you can look at or request an excerpt from. It is also published on Visana's website. Visana Insurance Ltd reserves the right to modify this list as indicated in paragraph 7.1 of the GCC. For the purposes of the preceding condition Visana Insurance Ltd maintains a list of recognized naturopaths and therapists, which you can view and/or from which you may request an extract.

2. Catalogue of benefits

| Basic Complementary | | Special Conditions |
|---|--------------|--------------------|
| Maximum contribution per calendar year for all the following benefits in total | CHF 4'000.- | |
| Doctors (with a federal diploma) Forms of therapy on the list | 90 % | |
| Naturopaths, other therapists <ul style="list-style-type: none"> ■ recognized by Visana Insurance Ltd: for the forms of therapy listed | 90 % | |
| Drugs <ul style="list-style-type: none"> ■ medically prescribed ■ prescribed by naturopaths recognized by Visana Insurance Ltd | 90 % 90 % | Paragraph 3.1 |

3. Special conditions

3.1 Drugs

Benefits will be provided for

- anthroposophic preparations
- biological preparations
- homeopathic preparations
- oligosolic preparations
- phytotherapeutic preparations
- serocytolic preparations

No contributions will be made for preparations on the List of Pharmaceutical Preparations Paid for by Insureds (LPPV) and

for preparations, which are declared and used as nutritional supplements.

3.2 Exclusions

No benefits will be provided for the following forms of treatment:

- Astrology
- Esoteric forms of therapy such as faith healing
- Distance healing
- Laying on of hands
- Magnetopathy
- Reiki

In addition, activities that mainly serve to promote well-being are not insured (e.g. yoga, tai-chi, aerobics, etc.)

III Benefit components of Basic Hospital Flex

The Supplementary Conditions constitute part of the insurance contract. The General Terms and Conditions of Contract of Basic Supplementary Insurance also apply.

What can you insure for?

You can insure for the following benefit components with Basic Hospital Flex Insurance:

Cost of **hospitalization in an acute hospital** in Switzerland in the selected ward supplementary to the cover provided by the obligatory health care insurance. Eight weeks cover by Vacanza Travel Insurance and by Assistance Insurance, which provides round the clock on-the-spot services in Switzerland.

Accident cover

Accident cover is included in Basic Hospital Flex insurance.

1. General information

Benefits will be paid solely in addition to those of the obligatory health care insurance. Shares of costs which are covered by the obligatory health care insurance and participation in costs arising from the obligatory health care insurance are not insured by Basic Hospital Flex insurance, whether the obligatory insurance exists or not. The maximum amount reimbursed will in any case not exceed the actual costs incurred.

1.1 Conditions

The Basic Hospital Flex benefit components constitute indemnity insurance.

Benefits are paid from Basic Hospital Flex insurance for effective, suitable and economic methods of diagnosis and therapy and for the associated costs of meals and accommodation in the acute hospitals in Switzerland recognized by Visana. Benefits are provided on condition that hospitalization in an acute hospital is necessary (that means the diagnosis and the overall measures required justify hospitalization in an acute hospital) and will only be provided for the period in which a stay in such a facility is necessary

1.2 Recognized hospitals

All institutions/wards under medical supervision that provide treatment of acute illnesses or inpatient rehabilitation, have the required qualified personnel, have the necessary medical equipment for the purpose and have not been explicitly excluded by Visana Insurance Ltd are considered to be recognised acute-care hospitals.

For general, semi-private or private hospital wards, Visana Insurance Ltd names the non-recognised institutions on its "Restrictions to the choice of hospital list". This list is continually

being adjusted and can be seen on the Visana website or requested at the relevant office.

In cases of emergency benefits will be paid for treatment in all acute hospitals in Switzerland.

1.3 Hospitalization in psychiatric clinics

Stays lasting a maximum of 180 days in psychiatric clinics are deemed to be the same as hospitalization in acute hospitals. Further benefits for hospitalization in an acute hospital may be paid on the basis of an appropriate medical application for a further 180 days at most. On expiry of the 360 day period no further benefits will be paid for treatment in an acute hospital from Basic Hospital Flex insurance.

1.4 Emergencies while abroad

Cover is provided for hospitalization in acute hospitals abroad if emergency treatment is required and if you do not go abroad expressly for the purpose of receiving treatment.

1.5 Choice of hospital ward

You can decide which ward you wish to be treated in at the latest when you are admitted to hospital. No participation in costs is required for treatment in the general ward; if you are treated in the semi-private or private ward you have to pay the participation in costs you have selected.

2. Participation in costs

2.1 Variants of participation in costs to select from

When you conclude the insurance contract you select one of the following variants of participation in costs:

| | Hospital ward selected on admission : | Maximum participation per calendar year: |
|-------------|---------------------------------------|--|
| Variant 2/4 | General ward | None |
| | Semiprivate | CHF 2'000.– |
| | Private | CHF 4'000.– |
| Variant 4/8 | General ward | None |
| | Semiprivate | CHF 4'000.– |
| | Private | CHF 8'000.– |

If you are hospitalized in both the semi-private and private ward for treatment during the same calendar year, the highest payable participation in costs is equivalent to the maximum amount due for the private ward.

2.2 Modification of participation in costs

Visana Insurance Ltd can increase the maximum amount due for participation in costs on the first day of the next insurance period while taking into consideration the development of costs in the health sector. Visana Insurance Ltd gives notice of new conditions of insurance 30 days before these come into force at the latest. You are then entitled to cancel the Basic Hospital Flex contract at the end of the current calendar semester. If you do not serve such notice to cancel the insurance, it is assumed you agree with the changes.

2.3 Maximum participation in costs for families

If two or more members of a family who live in the same household have Basic Hospital Flex insurance, amounts paid in participation in costs that exceed the maximum amount due in a calendar year may be reclaimed. The maximum amount is equivalent to the highest level of participation in costs selected. This rule also applies to people living in unmarried cohabitation.

2.4 Cases of hospitalization overlapping more than one year

Participation in costs shall only be levied once in the case of an uninterrupted period of hospitalization extending at most 30

days beyond the end of the year. As a rule the participation in costs will be allotted to the calendar year in which the hospitalization period commenced. If the share in costs incurred in the first year is less than the participation in costs selected, the remainder of the participation in costs will be allotted to the new calendar year and be levied in that year. If the participation in costs was already charged in full in the old calendar year for an earlier stay in hospital, any further participation in costs will only be counted entirely to the new calendar year.

2.5 Changing the variant of participation in costs within a year

The variant of participation in costs may be changed at the beginning of any month. The participation in costs paid since the beginning of the calendar year will be credited to the insured person. Applications to change to a lower participation in costs at the end of a calendar year may be made but only while observing a three-month period of notice.

2.6 Maternity

Participation in costs is also levied for treatment during pregnancy.

3. Catalogue of benefits

3.1 What is insured?

The following costs are covered in the ward which you select (general, semiprivate, private ward) if you are admitted to hospital (treatment and overnight stays in acute hospitals):

- Accommodation and board
- Nursing
- Doctors' fees
- Measures for diagnosis and therapy (prescribed by a doctor)
- Medicaments (prescribed by a doctor)
- Anesthetics, operating theater.

Vacanza Travel Insurance covers the costs incurred because of illness and accidents during travel abroad that are not otherwise covered for at most eight weeks per trip. The insurance is valid worldwide outside Switzerland.

The insurance cover also includes on-the-spot service and legal protection insurance. The insurance cover is cancelled if the obligatory health care insurance terminates and/or if the insured moves his domicile (centre of vital interests) abroad. The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) FLIC 2022 for Vacanza Travel Insurance provided by Visana Insurance Ltd. Visana Assistance on-the spot service offers advice and services in cases of emergency in Switzerland. Assistance is given 24 hours per day and mainly consists of organizing and coordinating the specific measures required. The scope of benefits and the conditions of insurance are indicated in the General Conditions of Contract (GCC) 2012 for the service benefits of "Visana Assistance CH" of Visana Insurance Ltd.

4. Special conditions

4.1 Applicable tariffs

Visana Insurance Ltd provides benefits within the scope of the tariffs for which the company has contracted and/or according to the tariffs applicable at a reference hospital determined by Visana.

4.2 Application for insurance

Visana Insurance Ltd checks the proposal and can carry out a risk assessment for each application for new, increased or lower insurance.

4.3 Hospitalization of mother and child

If a mother and child are both hospitalized in an acute hospital during the child's first year of life, the only condition for benefits to be paid is that one or the other requires treatment in an acute hospital. Benefits will only be paid from either the mother's insurance or the child's insurance.

4.4 Rooming-in

If a child aged between 2 and 14 requires stationary treatment in an acute hospital, Visana Insurance Ltd contributes the maximum sum of CHF 50.– per day from the child's insurance toward the cost of accommodation and meals for an accompanying person.

4.5 Emergencies while abroad

If emergency treatment is required in an acute hospital while abroad and it would be impossible or unreasonable to expect the insured to travel back or be transferred to Switzerland, Visana Insurance Ltd pays the costs listed below after deduction of the benefits paid from the obligatory health care insurance:

| Insured for | Stay in Europe (incl. states bordering on the Mediterranean Sea) | Outside Europe |
|---------------------|---|--------------------------------|
| Basic Hospital Flex | 50% of the difference in costs | 35% of the difference in costs |

In addition to the above, full cover for a total of eight weeks per trip is provided by Vacanza Travel Insurance.

4.6 Which countries are meant by the term Europe?

The European countries bordering on the Urals in the east, including the states bordering on the Mediterranean Sea, that is Egypt, Algeria, Israel, Lebanon, Libya, Morocco, Syria, Tunisia and Turkey.

The Canary Islands, Madeira, Iceland and Greenland are also included.

4.7 Exclusions

If the insured is hospitalized for an organ transplant (with the exception of skin and cornea transplants) no benefits will be paid from Basic Hospital Flex insurance during the actual transplantation phase (cover is provided by the obligatory health care insurance). After the transplantation phase concludes the costs are covered under the conditions of Basic Hospital Flex insurance.

Benefits for stationary dental treatment are only provided by Basic Hospital Flex insurance if mandatory benefits are payable from the obligatory health care insurance.

Basic Hospital Flex insurance does not cover shares of costs which have to be accepted by the canton of residence in accordance with the Federal Law on Health Insurance.

4.8 Recognised hospitals in Switzerland for insurance taken out before 1/7/2017

In deviation from article 1.2, the following applies for contracts signed before 1/7/2017: Hospitals mentioned on the "Restrictions to the choice of hospital list" for semi-private wards are excluded from the scope of benefits. This list is continually being adjusted and can be seen on the Visana website, or excerpts from it can be requested at the relevant office.

4.9 The following are an integrated part of Basic Hospital Flex Supplementary Insurance for Cost of Treatment:

- The Restrictions to the choice of hospital list for the semi-private ward
- GCC 2012 for the service benefits provided by "Visana Assistance CH" of Visana Insurance Ltd.
- GCC FLIC 2022 Vacanza Travel Insurance of Visana Insurance Ltd