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## Supplementary Insurance Conditions (ZVB) HOSPITAL ALBERGO DUO and SOLO

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### General

- 1 **Purpose**
  - 1.1 HOSPITAL ALBERGO Supplementary Hospital Insurance provides benefits beyond those covered by compulsory health care insurance, as follows:
    - free choice of hospital throughout Switzerland; accommodation and treatment costs in a multiple-bed room in a general hospital ward
    - contribution towards the costs of hospital treatment abroad
    - additional room comfort: the costs for accommodation and meals in a single-bed or two-bed room in an ALBERGO contract hospital.  
Additional contributions are granted for:
      - balneotherapy and convalescent therapy
      - home nursing (inc. childcare)
      - household help
  - 1.2 Benefits will be paid for costs arising from illness, accident and maternity. Accident cover may be excluded.

### 2 Insurance options

To insure the supplementary room comfort in an ALBERGO contract hospital, the insured person can choose between the following insurance options:

- HOSPITAL ALBERGO DUO: two-bed room
- HOSPITAL ALBERGO SOLO: single-bed room

### Benefits

### 3 Eligibility for benefits and underinsurance

- 3.1 Payment of all benefits under this policy is subject to the existence of medical necessity and the effectiveness, appropriateness and costeffectiveness of treatments.
- 3.2 Benefits in the event of hospital stays are only paid out if there is a need for hospital treatment.
- 3.3 To receive maternity benefits, insurance cover must have commenced at least 365 days earlier.
- 3.4 If the insured person, rather than claiming the insured single-bed or two-bed room, is admitted instead to the private or semi-private ward of a hospital and thereby also claims medical benefits in this category in addition to the insured comfort benefits, the insurer shall pay 20% or 40% toward the total costs of the private or semi-private ward, respectively, within the context of the rates recognised by the insurer for the hospital concerned. The room comfort benefits according to Section 5 shall be provided in addition.

### 4 Hospital benefits

- 4.1 For stays and treatment of at least 24 hours in a hospital that fulfils the requirements in accordance with Section 8.1 of the General Insurance Conditions (AVB), the benefits consist of the tariffs agreed by the insurer for the hospital concerned. According to this principle, for hospitals not recorded in the cantonal planning and hospital lists pursuant 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).

The insurer keeps a list of the Helsana KVG contract hospitals, which informs on the recognised benefits spectrum. This list is continuously updated and can be examined at the insurer's offices, or a copy can be requested.

4.2 The costs shall be paid for a multiple-bed room in a general ward anywhere in Switzerland.

## **5 Room comfort**

5.1 Benefits will only be paid for accommodation and meals (room comfort) in addition to the compulsory health care insurance benefits.

5.2 With regard to room comfort, the insurer maintains a list of ALBERGO contract hospitals in Switzerland (ALBERGO list). This list may be updated on an annual basis. It can be inspected at the insurer's offices, or a copy can be requested.

5.3 In the event of inpatient treatment in a hospital, the insurer covers the costs for the insured level of room comfort (accommodation and meals) as follows:

- full cost cover in ALBERGO contract hospitals
- in other hospitals in Switzerland, the insured person receives the following daily hospital allowance:

Acute care hospitals:

- ALBERGO DUO CHF 100 per day
- ALBERGO SOLO CHF 150 per day

Rehabilitation and psychiatric clinics:

- ALBERGO DUO CHF 50 per day
- ALBERGO SOLO CHF 75 per day

5.4 Any uncovered costs are charged to the insured person.

5.5 If an ALBERGO contract hospital cannot provide a two-bed room or single-bed room for capacity reasons, the insurer shall grant the insured person the following compensation:

Acute care hospitals:

- two-bed room instead of single-bed room / multiple-bed room instead of two-bed room CHF 50 per day
- multiple-bed room instead of single-bed room CHF 100 per day

Rehabilitation and psychiatric clinics:

- two-bed room instead of single-bed room / multiple-bed room instead of two-bed room CHF 25 per day
- multiple-bed room instead of single-bed room CHF 50 per day

## **6 Duration of hospital benefits**

In the event of inpatient treatment, the insured benefits will be paid out as follows, provided the eligibility requirements have been fulfilled:

- without time restrictions in a hospital or rehabilitation clinic
- for a maximum of 90 days within a calendar year in a psychiatric clinic

## **7 Benefits abroad**

In the event of an inpatient stay in an acute care hospital or psychiatric clinic abroad, a maximum of CHF 500 per day will be paid for a maximum of 60 days per calendar year towards the costs of scientifically recognised and appropriate treatment and for accommodation and meals.

## **8 Benefits for newborn children**

The costs of a healthy newborn baby's stay in hospital will be paid from the mother's HOSPITAL ALBERGO during the period of the mother's stay in hospital, at most, however, for a period of 10 weeks.

## **9 Benefits for the accommodation of companions (rooming-in)**

In the event of inpatient hospital treatment, the insurer shall contribute to the costs for accommodation and meals for a closely related person who accompanies the insured person in the hospital. The insured benefit will be paid out for a maximum of 15 days per calendar year depending on the insured person's insurance plan, as follows:

- ALBERGO DUO CHF 50 per day
- ALBERGO SOLO CHF 100 per day

## **10 Balneotherapy**

- 10.1 The balneotherapy must take place on an inpatient basis in a medically supervised European spa.
- 10.2 An entitlement to benefits exists if the course of balneotherapy was preceded by intensive, scientifically recognised and appropriate treatment, or if scientifically recognised and appropriate outpatient treatment is not possible.
- 10.3 A medical entry examination must be carried out at the beginning of the balneotherapy, and the balneotherapy and related physical treatment must be carried out in accordance with a treatment plan.
- 10.4 The minimum duration for balneotherapy is 14 days.

## **11 Convalescent therapy**

- 11.1 The convalescent therapy must be prescribed by a doctor and must be medically necessary for recovery from a serious illness.
- 11.2 The convalescent therapy must be carried out in a Swiss convalescent facility recognised by the insurer.
- 11.3 The insurer must receive the medical prescription for such therapy 10 days before the beginning of the treatment. The prescription must state the name of the relevant therapeutic spa or convalescent facility, and the date on which the treatment begins.

## **12 Duration of benefits for balneotherapy and convalescent therapy**

Benefits for balneotherapy and convalescent therapy will be paid at CHF 30 per day for a maximum of 30 days per calendar year.

## **13 Home nursing and childcare**

- 13.1 Contributions will be made to medically prescribed home nursing care if an acute illness makes it necessary to obtain the assistance of a professional nursing care provider.
- 13.2 Any person who provides the required nursing services to the patient on a daily basis and thereby suffers demonstrable loss of income can be recognised as a nursing care provider for the purposes of these benefits.

- 13.3 If a child under the age of 15 and insured under this insurance becomes ill or has an accident, and the child is under the care of a single working parent, or a married couple or cohabiting partners who are both employed, the insurer will pay contributions toward the costs of child supervision and childcare, i.e. personal care and hygiene, administration of medication, as well as the preparation of meals (KidsCare).
- 13.4 Payment of benefits in accordance to Section 13.3 is subject to the arrangements for such care being organised through the emergency and organisation centre appointed by the insurer. The benefits will not be provided if such care is not organised through this centre.
- 13.5 The costs of general housework such as shopping, washing and ironing, cleaning etc. are not insured.

## **14 Household help**

- 14.1 Contributions will be made toward household help if an insured person requires household help services because of an acute illness and due to their personal family circumstances.
- 14.2 A medical certificate is required to prove the necessity of such services.
- 14.3 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. Any person who acts on behalf of the ill insured person to maintain their household and thereby suffers demonstrable loss of income from their profession or employment can be recognised as a household help provider for the purposes of these benefits

**15 Duration of benefits for home nursing and household help**

The insured benefits for home nursing and household help will be paid at a maximum of CHF 30 per day for a maximum of 30 days per calendar year. Childcare benefits will be paid for a maximum of 30 hours per calendar year.

**16 Benefit exclusions**

- 16.1 Besides the reasons stated in Section 21 AVB, no benefits are provided for:
- treatment and care of chronically mentally ill people;
  - for stays in nursing homes and retirement homes;
  - stays in psychiatric daytime or overnight clinics.
- 16.2 Section 21.1 lit. I AVB does not apply.

**Miscellaneous**

**17 Option on CURA Long-Term Care Insurance**

On 1 January following the attainment of official AHV retirement age, and without the need for a health examination, the insured person has the right to be automatically provided with CURA Long-term Care Insurance variant 30, with a waiting period of 720 days, in the variant offered by the company at the time in which the option is exercised. Once it has been allocated, the insured person has the right until 31 January to withdraw from the CURA Long-term Care Insurance retroactively to the 1st of January of that year.

**18 Suspension of the insurance cover**

- 18.1 In return for a reduction in premium the policyholder can suspend the claim for benefits arising from HOSPITAL ALBERGO DUO and SOLO, subject to their providing evidence that they have alternative insurance cover (group contract, company health care insurance, foreign insurance, etc.) for the insurance to be suspended.
- 18.2 The policyholder must reactivate the insurance cover with the insurer within 30 days of the expiry of the alternative insurance cover, with the premium being adjusted in accordance with Section 12 AVB. If the policyholder fails to adhere to this grace period, the conditions for new inclusion shall apply to the continuation of the insurance policies.