CONCORDIA
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DIVERSA Insurance

Additional Insurance Terms and Conditions

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I. Definition and Purpose

1 Supplementary Insurance

1.1 DIVERSA Insurance is classified as supplementary insurance to mandatory health insurance. For all matters not specifically regulated in these Additional Insurance Terms and Conditions, the statutory provisions and the General Insurance Terms and Conditions of Supplementary Care Insurances apply.

1.2 For insured persons who have a special form of mandatory health insurance (such as the HMO or family doctor models) in accordance with Art. 62 of the Swiss federal law on health insurance (KVG/LAMal), the corresponding Special Insurance Terms and Conditions also apply.

2 Nature of Insurance

2.1 DIVERSA Insurance provides a range of benefits that go beyond the scope of mandatory health insurance. DIVERSA Insurance is an indemnity policy, i.e. it provides cover for loss or damage.

2.2 DIVERSA Insurance may be taken out in the variants DIVERSA, DIVERSA^{care}, DIVERSA^{plus} or DIVERSA^{premium}.

3 Illness and Accident

The benefits from DIVERSA Insurance are provided in the event of illness and accident.

II. Benefits in Switzerland

4 Medicines not covered by Mandatory Health Insurance

Medicines not covered by mandatory health insurance that have been prescribed by a doctor and are registered in Switzerland at the Swiss Agency for Therapeutic Products (Swissmedic) are covered on the following basis:

DIVERSA and DIVERSA^{care}:	50 %
DIVERSA^{plus} and DIVERSA^{premium}:	75 %

The products that feature on the Swiss list of pharmaceutical products with special application (LPPV/LPPA/LPFA) and those used in the context of scientific studies are excluded from the duty to provide benefits.

5 Spa Cures

5.1 In the event of medically prescribed spa cures carried out on an inpatient basis in a doctor-run, domestic health spa in accordance with Art. 40 KVG/LAMal, the following benefits are provided in addition to the costs covered by mandatory health insurance for a maximum of 21 days per calendar year:

DIVERSA and DIVERSA^{care}:	CHF 30 per day
DIVERSA^{plus} and DIVERSA^{premium}:	CHF 50 per day

These contributions are also paid when the medically prescribed spa cures are carried out on an inpatient basis in a doctor-run, European health spa that has the necessary skilled personnel at its disposal and offers an appropriate range of therapies for the treatment of health spa patients.

5.2 The spa cure must be carried out in a health spa recognised by the insurance provider. The insurance provider maintains a regularly updated list of the health spas that it recognises. The list or excerpts thereof may be obtained from the insurance provider.

5.3 These benefits are only provided if an intensive, scientifically-recognised and appropriate treatment has preceded the spa cure or such a treatment is not possible on an outpatient basis. In addition, an initial medical examination must be performed upon beginning the spa cure, and the cure plan must involve balneological/physical measures that are scientifically recognised in Switzerland.

6 Convalescence Cures

6.1 If a stay in a sanatorium is medically necessary and prescribed by a doctor for the healing process or recovery after a serious illness or operation, the following benefits are provided per day:

DIVERSA and DIVERSA^{care}:	up to CHF 30
DIVERSA^{plus} and DIVERSA^{premium}:	up to CHF 50

6.2 The convalescence cure must take place in a domestic sanatorium recognised by the insurance provider. The insurance provider maintains a regularly updated list of sanatoriums that it recognises. The list or excerpts thereof may be obtained from the insurance provider.

6.3 The insured benefits are provided for a maximum of 21 days per calendar year.

7 Duty to Notify in Case of Cures

The doctor's prescription for a cure at a health spa/sanatorium must be submitted in a timely manner before the cure begins, indicating the name of the health spa/sanatorium and the date the cure begins.

8 Household Help

8.1 If the insured person is completely incapable of working and, on the basis of a doctor's prescription, requires household help because of their state of health and personal family circumstances, the following benefits are provided per day:

DIVERSA and DIVERSA^{care}:	CHF 30
DIVERSA^{plus} and DIVERSA^{premium}:	CHF 50

8.2 Household help is considered to be any person whose occupation, on their own account or for an organisation, consists in taking care of the household in place of the insured person. The same contribution is provided if another person takes care of the household in place of the insured person and the associated costs are evidenced.

8.3 The insured daily benefits are provided a maximum of 30 times per calendar year.

9 Transport in Case of Illness or Accident in Switzerland

9.1 Subsequent to the mandatory health insurance benefits, the insurance provider bears the costs incurred in Switzerland for medically necessary ambulance transport to the closest doctor or hospital at the usual tariffs. The means of transport must be cost-effective and appropriate.

9.2 Subsequent to the mandatory health insurance benefits, the following benefits are provided for search and rescue costs for insured persons that are acutely ill or are the victims of an accident:

DIVERSA:	up to CHF 10,000
DIVERSA^{care}:	up to CHF 15,000
DIVERSA^{plus}:	up to CHF 20,000
DIVERSA^{premium}:	up to CHF 25,000

9.3 If an organisation makes an invoice for assistance it has provided dependent on the benefits paid by the insurance provider, the benefits will be reduced by 50%.

10 Dental Treatment

10.1 The following benefits are granted:

10.1.1 In the event of inpatient surgical treatment to eliminate pathological conditions (alveolar ridge augmentation with rib grafting, reconstruction of the vestibule, etc.), the costs for the general ward of a contracted hospital in the canton of residence are borne by DIVERSA Insurance.

10.1.2 In the event of outpatient treatment, the costs that are neither covered by mandatory health insurance nor by school dental care are borne as follows:

DIVERSA and DIVERSA^{care}:	50%
DIVERSA^{plus} and DIVERSA^{premium}:	75%

The reimbursement of benefits is determined exclusively in accordance with a valid Swiss social insurance dental tariff and the respective tariff positions listed there under each chapter. This concerns the following treatments:

- orthodontic treatment for reasons related to the chewing function (correction of malposition of teeth and jaw deformities) for insured persons up to the age of 22
- treatment of temporomandibular joint dysfunction (Costen's Syndrome), with the exception of crowns and bridges
- periodontal treatment (diagnostic and therapeutic measures to periodontal apparatus/periodontium, with the exception of extractions, dental prostheses, etc.)

- removal by operation of retained or impacted teeth or retained roots that are completely enclosed by bone
- tooth extractions by means of a flap procedure

10.2 Insured persons that may claim dental benefits in the sense of this article must submit the detailed dental bills with details of the tariff positions in accordance with the social insurance dental tariff that is being used. The insurance provider may request the original documents.

11 Death Benefit

11.1 In the event that the insured person dies at any time between the third day of life and their 65th birthday, death benefit of CHF 1,000 is provided.

11.2 The payout is made to the survivors that are entitled to benefits. Only the following are considered to be entitled: the insured person's spouse or registered partner; in their absence, the insured person's children; in their absence, the insured person's parents.

11.3 It is not possible to designate other beneficiaries or to exclude persons that are entitled to benefits.

11.4 The death of the insured person must be reported immediately. To substantiate a claim, an official death certificate must be submitted.

11.5 If no official death certificate is submitted within six months, the entitlement to death benefit expires.

12 Eyeglasses, Contact Lenses

For the costs of eyeglass lenses and contact lenses dispensed by an optician, the following benefits are provided once per calendar year for children up to the age of 18 and once every three calendar years for adults:

DIVERSA:	up to CHF 150
DIVERSA^{care}:	up to CHF 200
DIVERSA^{plus}:	up to CHF 250
DIVERSA^{premium}:	up to CHF 300

13 Refractive Surgery not covered by Mandatory Health Insurance

The following benefits will be provided once within a period of five calendar years to insured persons from age 21 and prior to age 50 towards the costs of corrective surgery of defective vision not covered by mandatory health insurance, as long as the insurance policy has existed for at least a year at the time of the procedure:

DIVERSA^{care}:	50 %, max. CHF 400
DIVERSA^{premium}:	50 %, max. CHF 600

No benefits are provided in DIVERSA and DIVERSA^{plus}.

14 Non-medical Psychotherapy

14.1 If there is no duty to provide mandatory health insurance benefits for the costs of medically prescribed treatments carried out by recognised, non-medical psychotherapists, the following is provided from DIVERSA Insurance for such treatments:

DIVERSA and DIVERSA^{care}:	75 %, max. CHF 2,000 within three calendar years
DIVERSA^{plus} and DIVERSA^{premium}:	75 %, max. CHF 3,000 within three calendar years

The amount of the benefits to be provided is limited to the tariff positions applicable to delegated psychotherapy.

14.2 Recognised, non-medical psychotherapists are considered to be independent psychologists that are members of the Swiss Association of Psychotherapists (ASP) or are included on the list of santésuisse.

14.3 The costs of psychotherapies that are conducted for the purpose of self-discovery, self-fulfilment or personality development or for other purposes that are not directed at treating an illness are not covered.

15 Vaccinations

90 % of the cost of vaccinations that are not covered by mandatory health insurance are borne by DIVERSA Insurance.

16 Medical Aids

16.1 For medical aids that have been prescribed by a doctor and are recognised by the insurance provider and for which there is no entitlement to benefits either under mandatory health insurance or another social insurance, the following benefits per medical aid are provided:

DIVERSA and DIVERSA^{care}:	50 %, max. CHF 1,000
DIVERSA^{plus} and DIVERSA^{premium}:	50 %, max. CHF 2,000

16.2 The costs of operating and maintaining medical aids are not covered.

17 Treatments not covered by Mandatory Health Insurance

The following benefits are provided for the costs of operations to correct protruding ears as well as sterilisation (tubal ligation and vasectomy):

DIVERSA and DIVERSA^{care}:	50 %, max. CHF 2,000
DIVERSA^{plus} and DIVERSA^{premium}:	50 %, max. CHF 4,000

18 Doctors who decline to practise within the Framework of Mandatory Health Insurance

The following benefits are provided for treatments by doctors who have declined to provide their services under the mandatory health insurance tariff:

DIVERSA and DIVERSA^{care}:	no benefits
DIVERSA^{plus} and DIVERSA^{premium}:	75 %, max. CHF 2,000 per calendar year

19 Overnight Stay in the Event of an Outpatient Procedure

The following benefits will be provided per calendar year for a chargeable overnight stay in a hospital room that is

not medically necessary, before or after an outpatient procedure that takes place in the operating room of the same hospital and is covered by mandatory accident insurance or mandatory health insurance:

DIVERSA^{care}:	50 %, max. CHF 200
DIVERSA^{premium}:	75 %, max. CHF 200

No benefits are provided in DIVERSA and DIVERSA^{plus}.

20 Family Room in the Event of a Birth

20.1 If family members occupy a chargeable family room of the same hospital or birth clinic after an insured person has given birth, and if the insurance policy of the mother has existed for at least a year before the birth, the following benefits are provided per overnight stay for a maximum of five overnight stays per calendar year:

DIVERSA^{care}:	up to CHF 60
DIVERSA^{premium}:	up to CHF 100

No benefits are provided in DIVERSA and DIVERSA^{plus}.

20.2 If benefits are provided for rooming-in as per Art. 21, no benefits will be paid for a family room.

21 Rooming-in

21.1 If a parent stays overnight in a chargeable hospital room of a hospital in which an insured child under the age of 10 is hospitalised, or if one or more children under the age of 10 stay overnight in a chargeable hospital room of a hospital in which an insured parent is hospitalised, the following benefits are provided per overnight stay from the insurance of the hospitalised person for a maximum of ten overnight stays per calendar year:

DIVERSA^{care}:	up to CHF 60
DIVERSA^{premium}:	up to CHF 100

No benefits are provided in DIVERSA and DIVERSA^{plus}.

21.2 This entitlement also exists for foster children and stepchildren.

21.3 If benefits are provided for a family room as per Art. 20, no benefits will be paid for rooming-in.

22 Childcare

22.1 If a child from age 4 and prior to age 12 requires care following an illness or accident, and if the parents during this time are pursuing employment and cannot arrange for care by another person, the insured parent is entitled to request the insurance provider, in cooperation with suitable contract partners, to arrange for a suitable professional within a reasonable period of time.

22.2 The following benefits are provided per hour towards the costs of this childcare:

DIVERSA^{care}:	up to CHF 30, max. CHF 600 per calendar year
DIVERSA^{premium}:	up to CHF 50, max. CHF 600 per calendar year

No benefits are provided in DIVERSA and DIVERSA^{plus}.

22.3 There is an entitlement to benefits if the insured parent reports the need for care at least 24 hours in advance to the insurance provider or its contract partner, who acknowledges this need for care, and the childcare is carried out by the professional arranged by the insurance provider or contract partner. Should the need for care be reported less than 24 hours in advance, the entitlement to benefits is dependent on the availability of the professional.

22.4 If both parents are insured with the insurance provider, the maximum reimbursement per hour is provided only once for the same care.

22.5 This entitlement exists also for foster children and stepchildren.

23 First Aid Course for Emergencies with Young Children

23.1 The following benefits will be provided to the insured parents of children under the age of six towards the cost of a first aid course on emergencies involving young children, once within a period of three calendar years:

DIVERSA^{care}:	50 %, max. CHF 200
DIVERSA^{premium}:	50 %, max. CHF 200

No benefits are provided in DIVERSA and DIVERSA^{plus}.

23.2 The course dealing with emergencies with young children must meet the quality criteria of the insurance provider. The insurance provider maintains a regularly updated list of course providers that it recognises. The list or excerpts thereof may be obtained from the insurance provider.

24 Legal Insurance for Patients

24.1 Should the insured person require legal support as a patient in the event of contractual disputes or disputes regarding questions of liability with benefits providers recognised by CONCORDIA, the insured person is entitled, per insured legal case, to the following benefits:

DIVERSA^{care}:	up to CHF 300,000 in Europe up to CHF 50,000 outside of Europe
DIVERSA^{premium}:	up to CHF 500,000 in Europe up to CHF 50,000 outside of Europe

No benefits are provided in DIVERSA and DIVERSA^{plus}.

24.2 CONCORDIA provides these benefits by entering into a contract with a legal insurance provider. For all matters regarding legal insurance for patients, the insurance terms and conditions of this legal insurance provider apply. CONCORDIA may change the legal insurance provider at any time while maintaining the insurance coverage. It must inform its insured persons of this at least one month in advance.

III. Benefits Abroad

A. Treatment in Case of Emergency

25 Geographical Scope and Period of Validity

25.1 Insurance cover is valid worldwide for the first 12 months of a stay abroad.

25.2 If the policyholder moves abroad, the insurance cover will apply in the chosen country of residence for the first 12 months. Insurance cover in the rest of the world continues even after this 12-month period. No benefits will be provided under this chapter for emergency treatments in Switzerland.

26 Emergency Call Centre

26.1 In the event of a sudden illness, accident, unexpected childbirth or death whilst abroad that necessitates emergency assistance in accordance with Art. 28 or hospitalisation, the emergency call centre designated by the insurance provider must be notified immediately. The call centre will advise the insured persons and provide them with the necessary assistance.

26.2 The necessary emergency assistance is ordered, organised and, if the need arises, carried out by the emergency call centre and reimbursed by the insurance provider.

26.3 The cost of emergency assistance in accordance with Art. 28 that has not been mandated by the emergency call centre is not covered.

27 Medical Expenses

In the event of a sudden illness, accident or unexpected childbirth whilst abroad, the following medical expenses will be borne at the local tariffs:

27.1 medical treatments (only medical practices that are recognised in Switzerland);

27.2 medicines;

27.3 analyses;

27.4 treatments by chiropractors;

27.5 dental treatments resulting from an accident;

27.6 inpatient treatments in acute care hospitals.

28 Emergency Assistance

28.1 In the event of a serious illness, severe accident or death whilst abroad, the insurance provider bears the costs of the following benefits organised by its emergency call centre:

28.1.1 medically necessary rescue operations and transport;

28.1.2 search operations for the rescue and recovery of an insured person that has had an accident or is acutely ill, up to a maximum of:

DIVERSA and DIVERSA^{care}:	CHF 10,000
DIVERSA^{plus} and DIVERSA^{premium}:	CHF 20,000

28.1.3 medically necessary repatriation to the place of residence or the responsible hospital;

28.1.4 recovery and repatriation of a deceased insured person to the place of residence in Switzerland prior to the departure.

28.2 Should search, rescue or transport measures be made impossible by strikes, disorders, acts of war, radioactivity, force majeure or similar causes, the policyholder does not have a right to demand that they be carried out.

29 Duration of Benefits

29.1 Benefits for outpatient treatment are provided for as long as there is valid insurance cover in accordance with Art. 25.

29.2 Benefits for inpatient treatment are only provided until the insured person's return home or transfer to the responsible hospital in Switzerland (Art. 25.1) or their country of residence (Art. 25.2) is deemed reasonable from a medical point of view, but for no longer than the following periods:

DIVERSA:	30 days
DIVERSA^{care}:	45 days
DIVERSA^{plus}:	60 days
DIVERSA^{premium}:	75 days

30 Duty to Notify

30.1 In the event of a sudden illness, accident or unexpected childbirth whilst abroad, this must be reported to the insurance provider's emergency call centre immediately (Art. 26).

30.2 The detailed bills, statements of benefits from any other health or accident insurance providers and the necessary medical information must be submitted promptly in a Swiss national language or in English. The insurance provider may request the original documents.

31 Limitations on Benefits

31.1 Benefits abroad are only granted for treatments in the actual country in which the insured person is staying. No benefits may be claimed for transfers to and treatments in third countries.

31.2 If insured persons travel abroad for treatment, care, convalescence or childbirth, no benefits are provided. For illnesses and the consequences of accidents that already existed before the departure abroad, the duty to provide benefits is not applicable. Art. 32 remains reserved.

B. Scheduled Treatment

32 Scheduled Outpatient Medical Treatment

32.1 In the event of a scheduled outpatient medical treatment abroad for which an entitlement to benefits for its performance in Switzerland would exist under mandatory health insurance, the insurance provider will bear the costs, after commitment to provide coverage, for the outpatient medical treatment in a doctor's practice or hospital as well as for the medication required by this healthcare provider as part of the treatment. The benefits will be provided on the basis of the local rates and after deducting a yearly deductible of CHF 1,000 as follows:

DIVERSA^{premium}: 75 %,
max. CHF 10,000 per calendar year

No benefits are provided in DIVERSA, DIVERSA^{care} and DIVERSA^{plus}.

32.2 The insured person must submit a request for commitment to provide coverage to the insurance provider at the latest seven days before the treatment. The request must include the treatment period, the intended medical treatment, and the chosen healthcare provider. Should the request be submitted late or rejected, no benefits will be provided.

32.3 For benefits to be provided, the insured person must submit the medical information required as well as the detailed bill in one of the Swiss national languages or English. The insurance provider may request the original documents. If the insured person is unable to provide any detailed invoices, the insurance provider will determine the benefits by taking into account the type and gravity of the illness or consequences of the accident.

32.4 The insurance provider maintains a list of countries where planned outpatient treatments and oversight cannot be guaranteed in sufficient quality, such as in areas of war and conflict or in developing and emerging countries. In order for an outpatient treatment in one of the countries listed to be covered, adequate medical care must be available and it must be possible to exclude fraudulent behaviour. In order for the insurance provider to determine this, the insured person must provide the insurance provider, in addition to the information listed in Art. 32.2, with a justification for the planned treatment with the healthcare provider concerned, all documentation about the healthcare provider at their disposal, and a cost estimate. If the insurance provider considers the requirements to be met, it will issue a commitment to provide coverage. Otherwise, the insurance provider will refuse to provide a commitment to provide coverage and bear none of the costs of the treatment. The current list of countries or excerpts thereof may be obtained from the insurance provider.

32.5 The insurance provider also maintains a list of healthcare providers that, according to information it has obtained, did not guarantee adequate medical care in the past, carried out uneconomical treatments, issued overpriced invoices, cooperated insufficiently with the insurance provider or its partners, or were flagged due to fraudulent behaviour. The insurance provider will issue no commitment to provide coverage and bear none of the costs of treatments carried out by such healthcare providers. The insurance provider will comply with data protection and privacy regulations. It will only name the healthcare providers on this list on a case-by-case basis, or when considering a request for a commitment to provide coverage or for treatment costs to be met. The insurance provider's supervisory authority may ask to inspect the list at any time.

32.6 The following are excluded from the duty to provide benefits:

- medical and non-medical psychotherapy;
- preparations included on the list of products with special application (LPPV/LPPA/LPFA);
- comfort and lifestyle preparations and comparable preparations;
- preparations used for cosmetic purposes;
- personal expenses;
- benefits for events under the terms of Arts. 32 and 33 of the General Insurance Terms and Conditions;
- benefits in Switzerland while resident outside Switzerland.

32.7 In case of currency fluctuations or in the event of cost increases in healthcare abroad, the insurance provider may adjust the maximum amount or the deductible for the insured benefits. The insurance provider is required to notify the policyholder in writing of the new contract terms and conditions no later than 25 days before they enter into force. The policyholder then has the right to cancel the insurance with effect from the end of the current calendar year. If the policyholder exercises this right, the insurance expires at the end of the current calendar year. The notice of cancellation must reach the insurance provider no later than the last day of the current calendar year. If the policyholder does not cancel the insurance, they are deemed to have consented to the adjustment of the insurance.

If there are differences in content between the English and the German, French or Italian Insurance Terms and Conditions, the Insurance Terms and Conditions in the language in which the policy is written apply.

The following abbreviations, with corresponding translations in German, French, Italian and English, are used in these Additional Insurance Terms and Conditions:

KVG/LAMal
KVG: Bundesgesetz über die Krankenversicherung
LAMal: Loi fédérale sur l'assurance-maladie
LAMal: Legge federale sull'assicurazione malattie
Swiss federal law on health insurance

LPPV/LPPA/LPFA
LPPV: Liste pharmazeutischer Präparate mit spezieller Verwendung
LPPA: Liste des produits pharmaceutiques pour application spéciale
LPFA: Lista dei preparati farmaceutici con applicazione particolare
Swiss list of pharmaceutical products with special application

UV/AA/AINF
UV: Unfallversicherung
AA: Assurance-accidents
AINF: Assicurazione contro gli infortuni
Swiss accident insurance

MV/AM
MV: Militärversicherung
AM: Assurance militaire
AM: Assicurazione militare
Swiss federal military insurance

IV/AI
IV: Invalidenversicherung
AI: Assurance-invalidité
AI: Assicurazione per l'invalidità
Swiss federal disability insurance

ASP
ASP: Assoziation Schweizer Psychotherapeutinnen und Psychotherapeuten
ASP: Association Suisse des Psychothérapeutes
ASP: Associazione Svizzera degli Psicoterapeuti
Swiss Association of Psychotherapists

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