

	Article	
<b>I. Definition and Purpose</b>		<b>I. Definition and Purpose</b>
Supplementary Insurance	1	<b>1 Supplementary Insurance</b>
Purpose	2	1.1 DIVERSA Insurance is considered to be supplementary insurance to mandatory health care insurance. For all matters not specifically regulated in these Additional Insurance Terms and Conditions, the legal provisions and the General Insurance Terms and Conditions of the supplementary care insurances apply.
Illness and Accident	3	1.2 For insured persons who have a special form of mandatory health care insurance (such as HMO or the family doctor model) according to Art. 62 of the Swiss federal law on health insurance (KVG/LAMal), the Special Insurance Terms and Conditions regarding this also apply.
<b>II. Benefits in Switzerland</b>		<b>2 Purpose</b>
Medicines Not Covered by Mandatory Health Care Insurance	4	2.1 With DIVERSA Insurance, many different benefits are provided which go beyond the scope of mandatory health care insurance.
Spa Cures	5	2.2 DIVERSA Insurance may be taken out as the variants DIVERSA, DIVERSA <sup>care</sup> , DIVERSA <sup>plus</sup> or DIVERSA <sup>premium</sup> .
Convalescence Cures	6	<b>3 Illness and Accident</b>
Duty to Notify	7	The benefits from DIVERSA Insurance are granted in the event of illness and in the event of accident.
Household Help	8	<b>II. Benefits in Switzerland</b>
Transport in Case of Illness or Accident in Switzerland	9	<b>4 Medicines Not Covered by Mandatory Health Care Insurance</b>
Dental Treatment	10	Medicines not covered by mandatory health care insurance which have been prescribed by a doctor and which are registered in Switzerland at the Swiss Agency for Therapeutic Products (Swissmedic) are borne as follow:
Compensation in Case of Death	11	DIVERSA and DIVERSA <sup>care</sup> : 50 %
Eyeglasses, Contact Lenses	12	DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> : 75 %
Refractive Surgery Not Covered by Mandatory Health Care Insurance	13	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.
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## 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 of the KVG/LAMal, the following benefits are provided in addition to the costs covered by mandatory health care insurance for a maximum of 21 days per calendar year:

DIVERSA and DIVERSA <sup>care</sup> :	CHF 30 per day
DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> :	CHF 50 per day

These contributions are also granted 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 an appropriate range of therapies for the treatment of health spa patients.

5.2 These benefits are only provided if an intensive, scientifically-recognised and appropriate treatment has preceded the spa cure or if 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 balneological/physical measures that are scientifically recognised in Switzerland must be carried out in accordance with the treatment schedule.

## 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 <sup>care</sup> :	up to CHF 30
DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> :	up to CHF 50

6.2 The convalescence cure must take place in a domestic sanatorium that is recognised by the insurance provider. The insurance provider maintains a list of sanatoriums that it recognises and adjusts it on an ongoing basis. This list may be seen at the office of the insurance provider or requested in excerpts there.

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

## 7 Duty to Notify

The doctor's prescription for a cure at a health spa/sanatorium shall 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 requires household help because of his state of health and personal family circumstances, the following benefits, on the basis of a doctor's prescription, are provided per day:

DIVERSA and DIVERSA <sup>care</sup> :	CHF 30
DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> :	CHF 50

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

8.3 The insured daily benefit is 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 care 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 care 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 <sup>care</sup> :	up to CHF 15'000
DIVERSA <sup>plus</sup> :	up to CHF 20'000
DIVERSA <sup>premium</sup> :	up to CHF 25'000

9.3 If an organisation makes an invoice for assistance it has provided which is dependent on the benefits of the insurance provider, the benefits are reduced by 50%.

## 10 Dental Treatment

10.1 The following benefits are granted:

10.1.1 In the event of inpatient, surgical treatments to eliminate pathological conditions (alveolar ridge augmentation with rib grafting, reconstruction of the vestibule, etc.), the costs for the general ward of the 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 care insurance nor by school dental care are borne as follows

DIVERSA and DIVERSA <sup>care</sup> :	50%
DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> :	75%

The reimbursement of benefits is determined exclusively by the Swiss dentist tariff (UV/MV/IV-AA/AM/AI-AINF/AM/AI) or the school dental care tariff and the respective tariff positions listed there under each corresponding 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 original detailed dental bills with details of the tariff positions in accordance with the Swiss dentist tariff.

## 11 Compensation in Case of Death

- 11.1 In the event that the insured person dies after the third day of life and before the age of 65, compensation 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 spouse; in the absence of a spouse, the children; in the absence of children, the 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 compensation expires.

## 12 Eyeglasses, Contact Lenses

The following benefits are provided for the costs of eyeglass lenses and contact lenses dispensed by an optician 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 <sup>care</sup> :	up to CHF 200
DIVERSA <sup>plus</sup> :	up to CHF 250
DIVERSA <sup>premium</sup> :	up to CHF 300

For insured persons that have taken out DIVERSA<sup>care</sup> and DIVERSA<sup>premium</sup>, the waiting period remains reserved in accordance with Art. 13.2.

## 13 Refractive Surgery Not Covered by Mandatory Health Care Insurance

- 13.1 The following benefits will be provided one time within a period of five calendar years to insured persons from age 21 and prior to age 50 towards the costs of corrective surgery not covered by mandatory health care insurance of defective vision, as long as the insurance policy has existed for at least a year at the moment of the procedure:
- |                              |                   |
|------------------------------|-------------------|
| DIVERSA <sup>care</sup> :    | 50%, max. CHF 400 |
| DIVERSA <sup>premium</sup> : | 50%, max. CHF 600 |
- No benefits shall be provided from DIVERSA and DIVERSA<sup>plus</sup>.

- 13.2 There shall be no entitlement to benefits for eyeglasses and contact lenses as per Art. 12 during the three-year period after the procedure for which benefits were provided under Art. 13.1.

## 14 Non-Medical Psychotherapy

- 14.1 As long as there is no duty to provide mandatory health care insurance benefits for the costs of medically ordered treatments carried out by recognised, non-medical psychotherapists, the following is provided from DIVERSA Insurance for such treatments:
- |  |   |
|--|---|
| DIVERSA and DIVERSA <sup>care</sup> :                    | 75%,<br>maximum CHF 2,000 within three calendar years |
| DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> : | 75%,<br>maximum CHF 3,000 within three calendar years |
- The amount of the benefits to be provided is limited to the tariff positions applicable to the delegated psychotherapy.
- 14.2 Recognised, non-medical psychotherapists are considered to be independent psychologists that are members of the Swiss Association of Psychotherapists (SPV/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 borne.

## 15 Vaccinations

90% of the costs for vaccinations that are not covered by mandatory health care insurance are borne.

## 16 Medical Aids

- 16.1 For medical aids that have been prescribed by a doctor and for which an entitlement to benefits exists from neither mandatory health care insurance nor another social insurance, the following benefits per medical aid are provided:
- |  |                           |
|--|---------------------------|
| DIVERSA and DIVERSA <sup>care</sup> :                    | 50%,<br>maximum CHF 1,000 |
| DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> : | 50%,<br>maximum CHF 2,000 |
- 16.2 Reusable medical aids which are provided by the Swiss association for the common tasks of health insurance providers (SVK) are loaned free of charge to insured persons.
- 16.3 The costs of operating and maintaining medical aids are not borne.

## 17 Treatments Not Covered by Mandatory Health Care 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 <sup>care</sup> :	50%, maximum CHF 2,000
DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> :	50%, maximum CHF 4,000

## 18 Doctors Who Decline to Practise Within the Framework of Mandatory Health Care Insurance

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

DIVERSA and DIVERSA <sup>care</sup> :	no benefits
DIVERSA <sup>plus</sup> and DIVERSA <sup>premium</sup> :	75%, maximum 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 an overnight stay in a hospital room that is subject to a charge but not medically necessary, before or after an outpatient procedure that takes place in the operating room of the same hospital, and that is covered by mandatory accident insurance or by mandatory health care insurance:

DIVERSA <sup>care</sup> :	50%, max. CHF 200
DIVERSA <sup>premium</sup> :	75%, max. CHF 200

No benefits shall be provided from DIVERSA and DIVERSA<sup>plus</sup>.

## 20 Family Room in the Event of a Birth

20.1 If family members occupy a family room, which is subject to a charge, of the same hospital or birth house 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 shall be provided pro overnight stay for a maximum of five overnight stays per calendar year:

DIVERSA <sup>care</sup> :	up to CHF 60
DIVERSA <sup>premium</sup> :	up to CHF 100

No benefits shall be provided from DIVERSA and DIVERSA<sup>plus</sup>.

20.2 If benefits for rooming-in as per Art. 21 are perceived, no benefits shall be provided for the family room.

## 21 Rooming-in

21.1 If a parent stays overnight in a hospital room (which is subject to a charge) of that hospital in which the child, who is under the age of 10, is hospitalised, or if one or more children under the age of 10 stay overnight in a hospital room (which is subject to a charge) of that hospital in which an insured parent is hospitalised, the following benefits shall be provided pro overnight stay from the insurance of the hospitalised person for a maximum of ten overnight stays per calendar year:

DIVERSA <sup>care</sup> :	up to CHF 60
DIVERSA <sup>premium</sup> :	up to CHF 100

No benefits shall be provided from DIVERSA and DIVERSA<sup>plus</sup>.

21.2 The entitlement exists also for foster children and step children.

21.3 If benefits for the family room as per Art. 20 are perceived, no benefits shall be provided 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 have the insurance provider, in cooperation with suitable contract partners, arrange for a suitable professional within a reasonable period of time.

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

DIVERSA <sup>care</sup> :	up to CHF 30, max. CHF 600 per calendar year
DIVERSA <sup>premium</sup> :	up to CHF 50, max. CHF 600 per calendar year

No benefits shall be provided from DIVERSA and DIVERSA<sup>plus</sup>.

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 the 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 shall be provided only once for the same care.

22.5 The entitlement exists also for foster children and step children.

## 23 Course for Emergencies with Small Children

23.1 Towards the cost of a course dealing with emergencies with small children, the insured parents of children under the age of six shall be provided the following benefits once within a period of three calendar years:

DIVERSA <sup>care</sup> :	50%, max. CHF 200
DIVERSA <sup>premium</sup> :	50%, max. CHF 200

No benefits shall be provided from DIVERSA and DIVERSA<sup>plus</sup>.

23.2 The course dealing with emergencies with small children must meet the quality criteria of the insurance provider. The insurance provider maintains a list of course providers that it recognises; this list is adjusted on an ongoing basis and may be seen at

the office of the insurance provider or requested in excerpts there.

## 24 Legal Protection 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, that insured person is entitled, per insured legal case, to the following benefits:

DIVERSA<sup>care</sup>: up to CHF 300,000 in Europe  
up to CHF 50,000 outside of Europe

DIVERSA<sup>premium</sup>: up to CHF 500,000 in Europe  
up to CHF 50,000 outside of Europe

From DIVERSA and DIVERSA<sup>plus</sup>, no benefits shall be provided for legal protection for patients.

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

## III. Benefits Abroad

### A Treatments in Case of Emergency

#### 25 Geographical and Temporal Validity

25.1 Insurance protection abroad is valid worldwide for stays abroad of less than 12 months.

25.2 For cross-border commuters, abroad is considered to be anywhere outside of Switzerland as well as outside the area stretching 20km from the Swiss national border.

#### 26 Emergency Call Centre

26.1 In the event of a sudden illness, an accident, an unexpected childbirth or death whilst abroad which necessitates emergency assistance in accordance with Art. 28, or hospitalisation, the insurance provider's emergency call centre, which is operated by "medicall", must be notified immediately. "medicall" advises the insured persons and provides 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 costs of emergency assistance that has not been ordered by the emergency call centre in accordance with Art. 28 are not borne.

#### 27 Medical Expenses

In the event of a sudden illness, an accident or an 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 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 services organised by "medicall":

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 amount of:

DIVERSA and DIVERSA<sup>care</sup>: CHF 10,000

DIVERSA<sup>plus</sup> and DIVERSA<sup>premium</sup>: CHF 20,000

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

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

28.2 Should search, rescue or transport measures be made impossible due to strikes, disorders, acts of war, radioactivity, force majeure or similar causes, it is not possible to request for them to be carried out.

#### 29 Duration of Benefits

29.1 Benefits for outpatient treatments are provided for as long as there is valid insurance protection in accordance with Art. 25.1.

29.2 Benefits for inpatient treatment are only provided until the insured person's return home or transfer to the responsible hospital in Switzerland is deemed reasonable from a medical point of view, but for no longer than

DIVERSA: 30 days

DIVERSA<sup>care</sup>: 45 days

DIVERSA<sup>plus</sup>: 60 days

DIVERSA<sup>premium</sup>: 75 days

#### 30 Duties to Notify

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

30.2 The detailed original bills, the statement of benefits from other possible health/accident insurance providers and the necessary medical information must be immediately submitted in a Swiss national language or in English.

- 30.3 If the insured person is refunded by the tour operator or the transport company for holiday or travel costs that were already paid before the departure and that have become unnecessary or useless due to a sudden illness or an accident, the insurance provider must be notified of this immediately. These refunds are deducted from the benefits.

### 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 Treatments

### 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 from mandatory healthcare insurance, the insurance provider shall bear the costs, after prior approval of the assumption of costs, for outpatient medical treatments in a doctor's practice or in a hospital as well as for the required medication from this benefits/service provider associated with the treatment. The benefits shall be provided on the basis of the local rates and after deducting a yearly deductible of CHF 1,000 as follows:

DIVERSA <sup>premium</sup> :	75%,
	max. CHF 10,000 per calendar year

No benefits shall be provided from DIVERSA, DIVERSA<sup>care</sup> and DIVERSA<sup>plus</sup>.

- 32.2 The insured person must submit a request for approval of the assumption of costs 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 service provider. Should the request be submitted late or rejected, no benefits shall be provided.
- 32.3 The insured person must submit the necessary medical information for the benefits to be provided and detailed original invoices in either one of the national languages of Switzerland or in English. If the insured person is unable to provide any detailed invoices, the insurance provider determines the benefits by taking into account the type and gravity of the illness or the consequences of an accident.
- 32.4 The insurance provider maintains a list of those countries in which scheduled outpatient treatments

or where the control of benefits 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, on the one hand, it is necessary that adequate medical care be guaranteed and on the other hand, that fraudulent behaviour can be excluded. So that the insurance provider can determine this, the insured person must provide the insurance provider with, in addition to the information mentioned in Art. 32.2, a justification for the scheduled treatment with the corresponding benefit provider, all documentation about the benefit provider at his/her disposal, and a cost estimate. If the insurance provider considers these requirements to be filled, it shall issue a commitment to provide coverage. Otherwise, the insurance provider shall refuse to provide a commitment to provide coverage and bear none of the costs for benefits. The current list of countries may be seen at the office of the insurance provider or requested in excerpts there.

- 32.5 The insurance provider also maintains a list of benefit 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. For treatments carried out by such benefit providers, the insurance provider shall issue no commitment to provide coverage and bear none of the costs for benefits. The insurance provider shall comply with data protection and privacy regulations. It shall mention the benefit providers found on this list only on a case-by-case basis, or when considering a request for a commitment to provide coverage or for benefits to be borne. The supervisory authorities of the insurance provider may request 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 as well as comparable preparations
  - preparations that are used for cosmetic purposes
  - personal expenses
  - benefits for events under the terms of Arts. 31 and 32 of the General Insurance Terms and Conditions

- 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 benefit. This requires the insurance provider to announce the new contract

conditions in writing no later than 25 days before they come into force. The policy holder then has the right to cancel the insurance for the end of the current calendar year. If the policy holder 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 insurance year. If the policy holder omits to cancel the insurance, he is deemed to have consented to the adjustment of the insurance.

**The following abbreviations, with corresponding translations in German, French, Italian and English, are used in these Regulations:**

**KVG/LAMaI**

KVG: Bundesgesetz über die Krankenversicherung;  
Krankenversicherungsgesetz  
LAMaI: Loi fédérale sur l'assurance-maladie  
LAMaI: 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/MV/IV-AA/AM/AI-AINF/AM/AI**

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 or military insurance

**IV/AI**

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

**SVK**

SVK: Schweizerischer Verband für Gemeinschaftsaufgaben der Krankenversicherer  
SVK: Fédération suisse pour tâches communes des assureurs-maladie  
SVK: Federazione svizzera per compiti comunitari degli assicuratori malattia  
Swiss association for the common tasks of health insurance providers

**SPV/ASP**

SPV: Schweizer Psychotherapeutenverband; Assoziation Schweizer Psychotherapeutinnen und Psychotherapeuten  
ASP: Association Suisse des Psychothérapeutes  
ASP: Associazione Svizzera degli Psicoterapeuti  
Swiss association of psychotherapists



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