

CARE Hospital Insurance FL

Additional Terms and Conditions of Insurance

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		I. Definition and Content
		1 Object of Insurance
	1.1	CARE Hospital Insurance is a form of voluntary supplementary insurance to mandatory health care insurance, within the framework of the General Terms and Conditions of Insurance for Supplementary Insurance.
	1.2	CARE Hospital Insurance bears the costs of an in-patient stay at a hospital. In addition, contributions are provided towards spa treatments or convalescence cures, home help, rooming-in and outpatient and home births.
		2 Insurance Options
	2.1	CARE Hospital Insurance can only be taken out in connection with a mandatory health care insurance policy concluded with CONCORDIA Schweizerische Kranken- und Unfallversicherung AG, hereinafter referred to as "CONCORDIA". If the mandatory health care insurance policy with CONCORDIA expires, the CARE Hospital Insurance policy will also expire.
	2.2	CARE Hospital Insurance can be taken out with the following options:
		– Without accident cover
		– With accident cover
		3 Taking out Insurance before a Birth
		It is not possible to take out CARE Hospital Insurance for a child before his or her birth.
		4 Definitions
	4.1	Hospitals are considered to be medical institutions or the wards of medical institutions in the Principality of Liechtenstein and in Switzerland, managed and supervised by doctors, that are used to treat acute illnesses and consequences of accidents on an inpatient basis or to carry out medical rehabilitation on an inpatient basis, and that have the requisite licence to provide these treatments and rehabilitation measures. They must guarantee sufficient medical care, have the necessary skilled personnel and appropriate medical equipment at their disposal, and guarantee appropriate provision of pharmaceutical care. In this sense, psychiatric clinics are also considered to be hospitals.

- 4.2 Sanatoriums, retirement and nursing homes as well as other institutions and medical facilities that are not intended for acute treatment are not considered to be hospitals.
- 4.3 A private ward is considered to be a one-bed room or, exceptionally, a two-bed room with a tariff that is recognised by CONCORDIA.
- 4.4 A semi-private ward is considered to be a two-bed room or, exceptionally, a room with more than two beds with a tariff that is recognised by CONCORDIA.
- 4.5 A general ward is considered to be a multi-bed room with a tariff that is recognised by CONCORDIA.
- 4.6 If a hospital has no criteria or different criteria for classifying hospital wards from those aforementioned, or if the tariffs of a ward are not recognised by CONCORDIA, it is considered to be a private ward.
- 4.7 If CONCORDIA does not recognise the tariffs of a hospital or ward, it may refuse to provide benefits entirely (Art. 20.10) or set maximum tariffs, which constitute the highest possible benefits payable under CARE Hospital Insurance.
- 4.8 CONCORDIA maintains a list of hospitals for which it refuses to provide benefits under CARE Hospital Insurance (Art. 20.10) or for which it has set maximum tariffs. This list is adjusted on an ongoing basis and may be viewed at CONCORDIA's offices or requested in excerpts there.

5 Applicable Provisions

All questions that are not specifically regulated in these Additional Terms and Conditions of Insurance are governed by the provisions of the Health Insurance Act (KVG), the Ordinance to the Health Insurance Act (KVV), the associated implementing provisions and the General Terms and Conditions of Insurance of CONCORDIA.

II. Choice of Hospital Ward and Retention Fee

6 Right of Choice

- 6.1 If the insured person would like to opt for a semi-private or private ward, he or she must inform CONCORDIA of this before being admitted to the hospital. If the insured person does not verifiably choose a certain hospital ward, he or she shall be deemed to have opted for a general ward.
- 6.2 If the insured person is not capable of choosing a hospital ward due to illness or the consequences of an accident, CONCORDIA shall pay the costs of a general ward, except where the insured person's spouse, legal representative or another individual specially authorised by the insured person chooses a hospital ward in writing on his or her behalf.

7 Retention Fee for Hospital Services

- 7.1 If the insured person goes onto a general ward, he or she does not have to pay a retention fee.
- 7.2 If the insured person chooses a semi-private ward, he or she must contribute a retention fee of 30% towards the costs charged to CARE Hospital Insurance, up to a maximum of CHF 3,000 per calendar year.
- 7.3 If the insured person chooses a private ward, he or she must contribute a retention fee of 40% towards the costs charged to CARE Hospital Insurance, up to a maximum of CHF 5,000 per calendar year.
- 7.4 CONCORDIA is entitled to maintain a list of hospitals at which the insured person only has to pay half of the retention fees described in Art. 7.2 and 7.3. This list is updated on an ongoing basis and may be viewed at CONCORDIA's offices or requested in excerpts.
If the insured person chooses a semi-private ward in a listed hospital, the retention fee shall be 15%, up to a maximum of CHF 1,500 per calendar year. If the insured person chooses a private ward in a listed hospital, the retention fee shall be 20%, up to a maximum of CHF 2,500 per calendar year.
- 7.5 If the insured person has multiple hospital stays during a calendar year and chooses both a semi-private and a private ward in a listed hospital in accordance with Art. 7.4, he or she must contribute up to a maximum of CHF 2,500 per calendar year to the costs charged to CARE Hospital Insurance. If the insured person chooses corresponding wards at an unlisted hospital or at a listed and an unlisted hospital, the cost contribution for the stay on the semi-private ward shall be based on Art. 7.2 and for the stay in the private ward on Art. 7.3 and shall amount to a maximum of CHF 5,000 per calendar year in total.
- 7.6 If the insured person changes to a different ward during a hospital stay, the retention fee for the highest type of ward chosen shall apply to the entire duration of the stay. In the event of multiple hospital stays during a calendar year, Art. 7.5 shall apply.
- 7.7 In the event of a hospital stay of up to 30 days that lasts into the new year, the retention fee is only charged once, in the calendar year of the hospital admission.
- 7.8 If two or more members of the same family who live in the same household and who are both holders of CARE Hospital Insurance choose a private or semi-private ward for hospital stays, the maximum contribution to the costs charged to CARE Hospital Insurance is CHF 5,000 in total per calendar year.

- 7.9 If the insured person chooses a hospital ward that is not recognised by CONCORDIA in accordance with Art. 4.6 to 4.8 or if he or she goes onto a general ward not recognised by CONCORDIA in accordance with Art. 4.6 to 4.8, the retention fee rules of the classification system recognised by CONCORDIA shall apply.
- 7.10 No retention fee shall be charged for benefits in accordance with Art. 12, 13, 15 and 17 to 19.

8 Adjustment of the Retention Fee

CONCORDIA may adjust the maximum amounts of the retention fees (Art. 7) in line with cost trends in the health care sector and inflation with effect from the start of a calendar year. To do so, it shall notify the policyholder of the amendments no later than four weeks before they enter into force. The policyholder subsequently has the right to terminate the insurance policy with effect from the end of the current calendar year. If he or she exercises this right, the insurance expires with effect from the end of the current calendar year. The notice of termination must reach CONCORDIA by the final day of the current calendar year at the latest. If the policyholder fails to terminate the insurance, he or she shall be deemed to have agreed to the amendments.

III. Benefits

9 Need for Acute Hospital Care

Hospital benefits are granted:

- 9.1 If the need for acute hospital care exists in consideration of the diagnosis and the medical treatment as a whole;
- 9.2 For the acute hospital or hospital department in which the insured person belongs for medical reasons.

10 Scope of Benefits

- 10.1 Provided that and as long as the conditions for receiving benefits are fulfilled, the benefits comprise all accommodation costs, the costs of scientifically recognised treatment in the hospital and the treatment costs of the doctors in accordance with the tariff recognised by CONCORDIA for general wards/ the chosen semi-private or private ward. The retention fees for insured persons pursuant to Art. 7 remain reserved.
- 10.2 In the event of giving birth in a hospital, the non-covered costs for the healthy newborn child that is insured with CONCORDIA from birth are borne by the mother's hospital insurance.

11 Duration of Benefits

- 11.1 In the event of inpatient treatment in a hospital, the insured benefits are provided without time limit for as long as the need for acute hospital care exists.
- 11.2 In the event of inpatient treatment in a psychiatric clinic or in the psychiatric ward of another hospital, the insured benefits are provided as long as the stay is medically necessary and as long as the insured person's condition is not chronic, but for a maximum of 180 days within a period of 365 consecutive days.

12 Spa Treatments

- 12.1 In the event of medically prescribed spa treatments carried out on an inpatient basis in a doctor-run health spa recognised by CONCORDIA, benefits of up to CHF 30 per day shall be provided.
- 12.2 These contributions are also granted when the medically prescribed spa treatments are carried out on an inpatient basis in a doctor-run, European health spa recognised by CONCORDIA that has the necessary skilled personnel at its disposal and an appropriate range of therapies for the treatment of health spa patients.
- 12.3 The spa treatment must be provided in a health spa that is recognised by CONCORDIA. CONCORDIA maintains a list of recognised health spas and updates it on an ongoing basis. The list may be viewed at CONCORDIA's offices or requested in excerpts.
- 12.4 These benefits shall only be provided if an intensive, scientifically recognised and appropriate treatment has preceded the spa treatment 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 treatment, and balneological/physical measures that are scientifically recognised in Liechtenstein must be carried out in accordance with the treatment schedule.
- 12.5 The insured daily benefits are provided for a maximum of 21 days per calendar year.

13 Convalescence Cures

- 13.1 If a stay at a sanatorium is medically necessary and prescribed by a doctor for the healing process or recovery after a serious illness or operation, benefits of up to CHF 30 per day shall be provided.
- 13.2 The convalescence cure must be provided in a sanatorium that is recognised by CONCORDIA. CONCORDIA maintains a list of recognised sanatoriums and updates it on an ongoing basis. The list may be viewed at CONCORDIA's offices or requested in excerpts.
- 13.3 The insured daily benefits are provided for a maximum of 21 days per calendar year.

14 Duty to Notify before a Spa Treatment or Convalescence Cure

The medical prescription must be submitted in a timely manner before the spa treatment or convalescence cure begins and indicate the name of the health spa/sanatorium and the start date of the treatment/cure.

15 Home Help

- 15.1 If the insured person is completely incapable of working and has been given a prescription for home help by a doctor because of his or her state of health and personal family circumstances, benefits of CHF 30 per day are provided towards the receipted costs that are not covered by DIVERSA Insurance.
- 15.2 Home help is considered to be any person whose occupation, on his or her own account or for an organisation, consists in taking care of the household in place of the insured person.
- 15.3 The insured daily benefits are provided up to 30 times per calendar year.
- 15.4 Benefits for home help are not granted at the same time as other benefits from Hospital Insurance.

16 Benefits Abroad

- 16.1 CARE Hospital Insurance also provides benefits for inpatient treatment at hospitals in Austria and Germany, provided that:
- There is a tariff agreement on mandatory health care insurance benefits (contract hospital) or
 - The insured person is entitled to benefits under the international mutual benefits assistance scheme and the hospital is prepared to settle the costs in accordance with the provisions thereof.
- The request for a guarantee of payment must reach CONCORDIA no later than seven days before the insured person's admission to hospital and must include details of the date of admission, the planned medical treatment, the chosen medical service provider and the chosen ward.
- The insured person must submit the medical information required for the payment of the benefits and the detailed original bill in German or English. If the insured person is unable to provide detailed bills, the benefits will be determined on the basis of the type, severity and duration of the illness or accident consequences.
- The choice of hospital ward and retention fee is based on Art. 6 and 7.
- 16.2 Other than as detailed above, CARE Hospital Insurance shall provide no further benefits for treatment abroad.

17 Rooming-in

- 17.1 If a parent stays overnight, subject to a charge, in a hospital room at the hospital in which his or her insured child under the age of 18 is hospitalised, or if children under the age of 18 stay in a hospital room at the hospital at which an insured parent is hospitalised, up to CHF 60 of the costs per overnight stay will be reimbursed from the CARE Hospital Insurance of the hospitalised person.
- 17.2 This entitlement also applies to foster children and step-children.
- 17.3 The benefits of CARE Hospital Insurance will be provided for hospitalisations in Liechtenstein, Switzerland as detailed in Art. 16.1, in Austria and Germany.
- 17.4 If DIVERSA benefits are provided for the same overnight stays, these shall take precedence and the benefits under CARE Hospital Insurance shall be supplementary to them.

18 Outpatient and Home Births

- 18.1 If the mother has had CARE Hospital Insurance for at least 270 days at the time of the outpatient or home birth in Liechtenstein, Switzerland or, as detailed in Art. 16.1, in Austria or Germany, she will receive a contribution of CHF 300.
- 18.2 There shall be no entitlement if her hospital stay is extended or she is admitted to a hospital within 24 hours after the birth.
- 18.3 In the event of a multiple birth, the contribution will only be provided once.

19 Second Opinion

Insured persons may contact CONCORDIA prior to a planned operation or another serious medical treatment. For certain diagnoses, CONCORDIA will arrange a second medical opinion from an external partner, which consists in a file review. The costs of this assessment are borne by CONCORDIA.

20 Exclusion of Benefits

No benefits are provided under CARE Hospital Insurance:

- 20.1 For outpatient treatment;
- 20.2 For additional costs of patients from a general ward who stay in a one or two-bed room or of patients from a semi-private ward who stay in a one-bed room and for additional costs incurred when patients from a general ward make use of the free choice of doctor (subject to the timely exercise of the right of choice pursuant to Art. 6 in all cases);

- 20.3 For treatment and stays in hospitals due to the consumption of drugs, narcotics and other addictive substances such as the abuse of alcohol or pharmaceuticals (including complications and after-effects). Benefits are also excluded if the aforementioned consumption or abuse is only partially causative of the illness or accident or of its treatment and/or has an impact on the duration of the treatment;
- 20.4 For personal expenses incurred (telephone, postage costs, television, radio, etc.);
- 20.5 For dental treatments that are not covered by mandatory health care insurance;
- 20.6 For treatment, care, supervision and stays in a nursing or retirement home;
- 20.7 For treatment and stays in the event of organ and stem cell transplants in accordance with CONCORDIA's list. The list of excluded transplantations may be viewed at CONCORDIA's offices or requested in excerpts;
- 20.8 If there is no longer any need for acute hospital care from a medical perspective (i.e. curative treatment will not bring about any improvement, palliative treatment if necessary);
- 20.9 For treatment and stays in hospitals that are not authorised to operate at the expense of social security providers in their country of domicile;
- 20.10 For treatment and stays in hospitals whose tariffs CONCORDIA does not recognise and for which it also has not set any maximum tariffs. CONCORDIA maintains a list of the excluded hospitals in the Principality of Liechtenstein and Switzerland. This list is updated on an ongoing basis and may be viewed at CONCORDIA's offices or requested in excerpts;
- 20.11 In the cases as per Art. 22 of the General Terms and Conditions of Insurance.



CONCORDIA
Representation in Liechtenstein

Customer Service Vaduz
Austrasse 27, 9490 Vaduz

Customer Service Eschen
St. Martins-Ring 1, 9492 Eschen

www.concordia.li
liechtenstein@concordia.li
Phone +423 235 09 09