



Supplementary Insurance Conditions (SIC)

“Dental insurance” from AXA

- Dental insurance 1000
- Dental insurance 2000
- Dental insurance 3000

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Supplementary Insurance Conditions (SIC)

Part A

A1 What is the purpose of the insurance?

This insurance pays contributions toward the cost of dental treatment. There is no coverage in the case of accidents.

A2 What are the general requirements for insurance coverage?

A2.1 Entitlement to benefits begins following a six-month qualifying period after the start of the insurance. The date of treatment is definitive. In all other respects, section C of the GIC applies.

A2.2 The benefits are added to the total insured benefit amount per calendar year according to the treatment or performance date. Costs that exceed the annual entitlement cannot be carried forward to the following year.

A2.3 The benefits of this insurance are paid according to C6 GIC only subsequent to the benefits from social insurance. Cost contributions covered by social insurance and cost contributions from social insurance are not covered by this insurance. Contributions from the School and Adolescent Dental Care will be offset against benefits. Additional/other costs will be assumed by AXA in accordance with the following provisions within the scope of the maximum amount of insurance.

A2.4 The benefits paid by AXA are based on the actual costs. AXA assumes no more than the costs that actually arise and can be proven, unless in individual cases another arrangement has been expressly agreed. This insurance is indemnity insurance.

A3 What benefits does the insurance cover?

A3.1 AXA assumes the costs of treatment by recognized dentists who are federally certified or meet cantonal requirements. Treatment close-by in neighboring countries (within 20 kilometers of the Swiss border) is compensated, provided the foreign dentist has undergone scientific training that is equivalent to Swiss training.

A3.2 This insurance covers the costs of illness-related and prophylactic dental treatment, including dental hygiene, dental check-ups, orthodontics and jaw surgery, within the scope of the following provisions. Costs are compensated at the currently valid tariff of the Swiss Dental Association (SSO) at most. The SSO rates also apply as maxima for treatment abroad.

A4 To what extent does AXA offer benefits?

A4.1 Three types of dental insurance are available:
A4.1.1 Within the context of Dental Insurance 1000, AXA pays the following benefits:

- 50 % of the costs for dental hygiene and bleaching, up to CHF 200 per calendar year;
- 50% of the costs for dental check-ups, orthodontic treatment and other illness-related and prophylactic dental treatment.

In total, AXA pays benefits, including for different treatments, of up to CHF 1,000 per calendar year.

A4.1.2 Within the context of Dental Insurance 2000, AXA pays the following benefits:

- 75 % of the costs for dental hygiene and bleaching, up to CHF 300 per calendar year;
- 75 % of the costs for dental check-ups, orthodontic treatment and other illness-related and prophylactic dental treatment.

In total, AXA pays benefits, including for different treatments, of up to CHF 2,000 per calendar year.

A4.1.3 Within the context of Dental Insurance 3000, AXA pays the following benefits:

- 75 % of the costs for dental hygiene and bleaching, up to CHF 500 per calendar year;
- 75 % of the costs for dental check-ups, orthodontic treatment and other illness-related and prophylactic dental treatment.

In total, AXA pays benefits, including for different treatments, of up to CHF 3,000 per calendar year.

A4.2 The agreed insurance option can be found in the policy.

A5 What benefits are excluded from the insurance?

In addition to the benefits listed under C3 GIC, no benefits are paid in the following cases:

- for the subsequent replacement of teeth that were missing, replaced or impacted at the time this insurance was concluded;
- for the loss of or damage to prostheses or orthodontic appliances.

A6 Are age groups used for determining the premiums?

The following age groups are used for determining the premiums:

- 0 to 18 years
- 19 to 25 years
- 26 to 35 years
- 36 to 45 years
- 46 to 55 years
- 56 to 65 years
- 66 to 75 years
- 76 years and older

Moving into a new age group may lead to a change in premiums.



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