



Supplementary Insurance Conditions (SIC)

“Health ACTIF” from AXA

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Supplementary Insurance Conditions (SIC)

Part A

A1 What is the purpose of the insurance?

This insurance pays contributions toward the costs of outpatient treatment and complementary medicine, preventive measures and health promotion.

A2 What complementary medicine benefits does the insurance cover?

A2.1 This insurance covers, in the framework of the following provisions, the costs of complementary medical treatments by doctors, by naturopaths recognized by AXA, and by persons recognized by AXA for the exercise of a complementary medical role. AXA only pays benefits for necessary medical treatments.

A2.2 AXA maintains corresponding lists according to G9 GIC, from which it is clear which complementary medical methods of treatment and which persons are and are not recognized for the performance of complementary medicine. These lists can be inspected at AXA or extracts can be requested.

A2.3 AXA assumes 75% of the treatment costs for outpatient treatment carried out by a complementary medical method recognized by AXA and by a therapist recognized by AXA, up to a maximum of CHF 1,000 per calendar year.

A2.4 For medical massages and other types of massage, AXA assumes 75% of the costs, up to a maximum of CHF 200 per calendar year. Benefits for medical massages and other types of massage count toward the total amount for complementary medical treatment methods in accordance with par. A2.3 above.

A2.5 In addition, AXA assumes 75% of the costs for medical remedies given or prescribed by doctors or naturopaths according to par. A2.1 up to a maximum of CHF 500 per calendar year.

A2.6 There is no entitlement to benefits for the following forms of treatment:

- astrology;
- mental healing and distance healing;
- laying on of hands;
- magnetopathy;
- hypnosis.

A2.7 AXA does not grant benefits in connection with treatments by the marriage partner, registered partner, descendants, parents or cohabiting partner of the insured.

A3 For which preventive measures does AXA pay benefits?

A3.1 This insurance covers the following costs for preventive medical services prescribed or performed by a doctor or service provider recognized by AXA:

- preventive gynecological examinations: all costs;
- childbirth preparation and postnatal exercise classes: 75% of the costs, up to CHF 300 per calendar year;
- screenings: 75% of the costs, up to CHF 300 per calendar year.

In total, for all preventive medical costs in accordance with A3, AXA assumes up to CHF 500 per calendar year.

A3.2 AXA maintains corresponding lists according to G9 GIC, from which it is clear which measures and programs and which service providers are and are not recognized. These lists can be inspected at AXA or extracts can be requested.

A4 Does AXA assume the costs of check-ups?

AXA assumes 75% of the costs for medical check-ups, up to a maximum of CHF 500 within three calendar years.

A5 What are the general requirements for insurance coverage?

A5.1 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.

A5.2 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.

A5.3 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.

A6 Can I exclude accident coverage?

Accident coverage can be excluded whereby the premium is reduced. In case of reinstatement or initiation of accident coverage, AXA may carry out a medical examination; A5.2 GIC applies by extension.

A7 Does AXA cover any other services?

A7.1 AXA can include additional benefits for health promotion and prevention. AXA determines the scope of coverage of each additional benefit independently. AXA maintains a list according to G9 GIC of the additional benefits it currently grants.

A7.2 AXA is free to make the granting of these benefits dependent on unilaterally determined conditions subject to change at any time and to change the additional benefits unilaterally at any time for practical reasons.

A7.3 This list can be inspected at AXA or extracts can be requested.

A8 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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