



Supplementary Insurance Conditions (SIC)

“Health COMPLET” 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 medication not covered by health insurance, medical aids, benefits abroad, transportation costs, visual aids, orthodontic treatment for children, home helps, etc. It also includes benefits in the areas of complementary medicine, preventive measures and health promotion.

A2 Are benefits also covered abroad?

A2.1 Planned outpatient treatments abroad

This insurance covers 90 % of the costs of planned outpatient treatments abroad, up to CHF 2,000 per calendar year.

A2.2 Emergency treatment abroad

A2.2.1 This insurance covers the costs of emergency, scientifically recognized, and appropriate outpatient and inpatient treatments abroad according to A4.2 GIC.

A2.2.2 The insured undertakes to inform AXA or the AXA Emergency Call Center about the treatment without delay. AXA can reduce its benefits or refuse to assume the costs if it or the Emergency Call Center was not informed without delay. E3.2 GIC is reserved.

A2.2.3 The benefits according to this paragraph A2.2 are granted in amendment of C6.2 GIC subsequent to the benefits from other private insurance policies, whereby the costs will only be reimbursed once in each case. Coverage is limited to that portion of the benefits that exceeds the benefits granted by the other insurers. If the other insurers or one of them similarly only pays its benefits subsidiarily, the legislation on double insurance applies.

A3 What benefits are covered under Personal Assistance?

A3.1 This insurance covers, in the framework of the following provisions, the costs of Personal Assistance, provided the AXA Emergency Call Center was informed in the event of an emergency. AXA can refuse to pay benefits if the benefit was not organized in consultation with the AXA Emergency Call Center and no coverage confirmation was issued. The insured can leave the organization to the AXA Emergency Call Center in individual cases. Unless otherwise agreed, this point applies A3 worldwide.

A3.2 If, while abroad, an insured becomes seriously ill, suffers an accident, suffers a medically certified, unexpected worsening of a chronic disease, or dies, AXA grants the following benefits:

- assumption of the costs of rescue missions and transportation deemed to be medically necessary;
- assumption of the costs of search missions undertaken with the aim of rescue or recovery of the insured, up to CHF 20,000 per insured;
- assumption of the repatriation costs to the Swiss place of residence or hospital if deemed to be medically necessary;
- coverage confirmation in the context of the existing coverage if an insured has to undergo either in- or outpatient treatment abroad;
- if a hospital stay abroad lasts longer than 7 days, travel costs for a visit by a person who is close to the insured will be paid to the following extent:
 - the authenticated costs of the inward and outward journeys, at most the costs of a flight in the economy class;
 - the authenticated costs of accommodation and meals, at most CHF 1,000 per loss event;
- further, the additional travel costs of an early return journey will be paid up to a maximum of CHF 500 for the following events:
 - if a fellow traveler close to the insured is repatriated due to illness or an accident;
 - if someone close to the insured becomes seriously ill, is seriously injured, or dies;
 - if the property of the insured at their place of residence in Switzerland is badly affected due to burglary or damage from fire, water, or natural forces;
 - if a strike, an epidemic or the failure of a public means of transportation makes it impossible to continue a travel program within 72 hours; additional costs of rerouting and delays are not covered;
 - if the deputy at the insured's place of work becomes seriously ill, suffers a serious accident, or dies, and the presence of the insured at work is vital;
- if, due to a stay in hospital, the return flight cannot be taken, the rebooking costs of the return flight; if a rebooking is not possible, then a return flight in the economy class; benefits are only paid if there is no other travel insurance and on presentation of the expired ticket for the return flight.

This list is conclusive.

A3.3 Persons close to the insured as per A3.2 above are defined as marriage partner, registered partner, children, and parents as well as cohabiting partner of the insured.

A4 Are transportation and rescue costs covered within Switzerland?

A4.1 AXA assumes the costs of rescue, recovery, and emergency transportation, transportation from one treatment center to another, and the costs of search missions, with the aim of rescue or recovery of an insured who becomes seriously ill or suffers an accident in Switzerland, up to CHF 100,000 per calendar year.

A4.2 A condition of the assumption of costs is that the means of transportation is efficient and appropriate.

A5 What costs for medication are assumed?

A5.1 Subject to par. A5.2 and A5.3 below, this insurance covers 90% of the costs of medication prescribed by a doctor that are not covered under the benefit obligation of mandatory health insurance, provided the medication in question is registered with Swissmedic (the Swiss Agency for Therapeutic Products) for the indication concerned.

A5.2 Medication that is only covered under mandatory health insurance for limited treatments is not covered by this insurance for any additional treatments.

A5.3 AXA maintains corresponding lists according to G9 GIC, from which it is clear for which medication, in deviation of par. A5.1, the costs are not assumed or are only assumed at up to 50% of the costs charged. In addition, AXA maintains a list of pharmaceutical products with a special use for which no benefit is paid. These lists can be inspected at AXA or extracts can be requested.

A6 Does AXA assume the costs of visual aids?

AXA assumes the costs of ground eyeglasses and contact lenses, up to CHF 300 per calendar year.

A7 Are medical aids covered?

A7.1 This insurance covers 90% of the costs of necessary medical aids and objects, prescribed by a doctor and modified for the corresponding health impairment, and that improve the use of restricted bodily functions, up to CHF 2,000 per calendar year.

A7.2 AXA maintains corresponding lists according to G9 GIC, from which it is clear which medical aids and objects are and are not covered by AXA. These lists can be inspected at AXA or extracts can be requested.

A7.3 Reusable aids and objects that are supplied by the Swiss Association for the Community Tasks of Health Insurers (SVK) are made available to the insured free of charge.

A7.4 There is no coverage for the costs of operating, maintaining, and repairing the medical aids and objects.

A8 Does AXA assume the costs of orthodontics?

A8.1 For insureds up to age 20, AXA assumes 75% of the costs of orthodontic treatments, up to CHF 12,000 per calendar year.

A8.2 Supplementary to par. A16.2, contributions from the School and Adolescent Dental Care will be offset against benefits in accordance with the previous paragraph.

A8.3 Treatment abroad is paid for, provided the foreign medical practitioner has been trained to a standard equivalent to Swiss training and the costs do not exceed the costs in Switzerland.

A9 Are the costs of a home help covered by the insurance?

A9.1 AXA pays benefits of up to CHF 50 per day for a maximum of 30 days per calendar year for a home help, provided an insured needs a home help as prescribed by a doctor for a 100% incapacity for work due to their state of health and their personal family circumstances.

A9.2 A home help is defined as someone who takes care of the household of an insured on their behalf either professionally for their own account or for an organization. On request, someone who takes care of the household on behalf of the sick person and thereby suffers a demonstrable loss of earnings in their professional capacity can also be recognized as a home help.

A9.3 No benefits are paid for home help assistance during stays in a nursing home or a similar institution.

A10 Does AXA assume the costs of non-medical psychotherapy?

A10.1 AXA assumes 75% of the costs of psychotherapy treatment by a psychotherapist recognized by AXA, up to CHF 3,000 per calendar year.

A10.2 AXA maintains corresponding lists according to G9 GIC, from which it is clear which psychotherapists are and are not recognized by AXA. These lists can be inspected at AXA or extracts can be requested.

A11 Are vaccinations covered?

A11.1 AXA assumes 90% of the costs of preventive vaccinations medically recognized in Switzerland as well as protective vaccinations for vacations and trips abroad recognized by AXA.

A11.2 AXA maintains corresponding lists according to G9 GIC, from which it is clear which vaccinations are and are not recognized by AXA. These lists can be inspected at AXA or extracts can be requested.

A12 Does AXA assume the costs of sterilization?

AXA assumes 75 % of the costs of outpatient sterilization treatments for men and women, up to CHF 1,000 per calendar year. Assumption of the costs is at most at the valid KVG tariff.

A13 What complementary medicine benefits does the insurance cover?

A13.1 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.

A13.2 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.

A13.3 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 3,000 per calendar year.

A13.4 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. A13.3 above.

A13.5 In addition, AXA assumes 75 % of the costs for medical remedies given or prescribed by doctors or naturopaths according to par. A13.1 up to a maximum of CHF 1,000 per calendar year.

A13.6 There is no entitlement to benefits for the following forms of treatment:

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

A13.7 AXA does not grant benefits in connection with treatments by the marriage partner, registered partner, descendants, parents, or cohabiting partner of the insured.

A14 For which preventive measures does AXA pay benefits?

A14.1 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 500 per calendar year;
- screenings: 75 % of the costs, up to CHF 500 per calendar year.

In total, for all preventive medical costs in accordance with A14, AXA assumes up to CHF 600 per calendar year.

A14.2 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.

A15 Does AXA assume the costs of check-ups?

AXA assumes 75 % of the costs for medical check-ups, up to a maximum of CHF 1,000 within three calendar years.

A16 What are the general requirements for insurance coverage?

A16.1 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.

A16.2 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.

A16.3 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.

A17 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.

A18 Does AXA cover any other services?

A18.1 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.

A18.2 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.

A18.3 This list can be inspected at AXA or extracts can be requested.

A19 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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