



Supplementary Insurance Conditions (SIC)

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Supplementary Insurance Conditions (SIC)

Part A

General provisions of the insurance contract

A1 What is the purpose of the insurance?

This insurance contributes to medical costs arising from an accident. Medical costs include, for example:

- Treatment costs
- Accommodation and treatment costs during a stay in a one-bed room in the private ward of a hospital
- Medication
- Medical aids
- Rescue and transportation costs
- Home help assistance etc. subsequent to benefits having been paid under other insurance policies.

Benefits due to illness are not covered.

The insurance coverage is valid worldwide, unless expressly stated otherwise below.

A2 What benefits are covered for an inpatient stay?

A2.1 Within the scope of the following provisions, during a stay in a one-bed room in the private ward of an acute-care hospital, rehabilitation clinic, or psychiatric clinic that is listed on the cantonal planning and hospital lists pursuant to Art. 39 of the Health Insurance Act (listed hospital) or that is recognized by AXA, we cover the following costs:

- doctors' fees;
- the costs of overnight stays and meals (accommodation and catering);
- care services and
- the costs of scientifically recognized diagnostic and therapeutic measures.

A2.2 Acute-care hospitals are defined as hospitals and clinics that only admit acutely ill patients or accident victims. Acute-care hospitals and clinics must be under constant medical direction and supervision. Acute-care hospitals and clinics must also have professionally trained nursing staff and appropriate medical equipment.

A2.3 We maintain a corresponding list pursuant to G9 GIC, from which it can be ascertained which hospitals and clinics are recognized or not recognized. The list also indicates which hospitals and clinics have no private or semi-private wards. This list can be inspected at AXA, or extracts can be requested.

A2.4 We cover the costs of a stay in a general or semi-private ward. However, there are AXA-recognized scales of charges for hospital stays. We cover the costs up to the amount of the recognized scale of charges for a general or semi-private ward in the hospital concerned.

A2.5 The insured is free to choose a doctor from the doctors recognized by AXA. We may maintain lists pursuant to G9 GIC, from which it can be ascertained which doctors are not recognized. These lists can be inspected at AXA, or extracts can be requested.

A2.6 We cover the costs of scientifically recognized therapeutic treatments in the context of a stay in a hospital, provided the state of the insured's health necessitates inpatient treatment (necessity for hospitalization), taking into account the diagnosis and the medical treatment as a whole. In all other respects, section C of the GIC applies.

A2.7 Benefits abroad

A2.7.1 Planned treatments abroad

This insurance pays a total of at most CHF 2,000 per day for a maximum of 60 days per calendar year toward the costs of planned inpatient treatment abroad.

A2.7.2 Emergency treatment abroad

We cover the costs of emergency treatment abroad pursuant to A4.2 GIC, for as long as the insured cannot be expected to return to Switzerland.

A3 Does AXA assume the costs of spa treatments and convalescence care?

A3.1 We assume the costs of spa treatment up to a maximum of CHF 120 per day for a maximum of 21 days per calendar year. The spa treatment must have been prescribed by a doctor before it begins and must take place on an inpatient basis at a spa recognized under the Health Insurance Act, Accident Insurance Act, or other social insurance legislation. The spa treatment may also take place at a medically directed spa recognized by AXA. The spa treatment must be preceded by an intensive, scientifically recognized, appropriate treatment, unless such a therapy is not possible. In addition, the spa must be medically supervised, include balneological or physical treatments, and last at least 14 days.

A3.2 We pay the costs of convalescence care up to a maximum of CHF 180 per day for up to 21 days per calendar year. The convalescence care must have been prescribed by a doctor before it begins and must be necessary for healing or recovery following a serious accident. The care must take place under medical direction in a convalescence home recognized by AXA.

A3.3 We also provide coverage for a spa treatment or convalescence care abroad, provided that the above-mentioned conditions are met. In this case, the treatment need not take place at a spa or convalescence home recognized by AXA or by social insurance legislation.

<p>A3.4 We may maintain a corresponding list pursuant to G9 GIC, from which it can be ascertained which spas and convalescence homes are recognized or not recognized. The list can be inspected at AXA, or extracts can be requested.</p>	<p>A8.2 We maintain corresponding lists pursuant to G9 GIC, from which it can be ascertained which complementary-medicine methods of treatment are or are not recognized and which persons are or are not recognized for the performance of complementary medicine. These lists can be inspected at AXA, or extracts can be requested.</p>
<p>A4 Are the costs of reconstructive treatments covered?</p> <p>We cover the costs of cosmetic operations, provided that the procedure proves necessary as the result of an accident. The maximum amount is CHF 50,000 per claim. The treatment must be carried out by a registered physician. The costs must be approved by us in advance.</p>	<p>A8.3 We assume the costs of outpatient treatments, including medical massages and other forms of massage, that are performed in accordance with complementary-medicine methods of treatment and administered by therapists recognized by AXA, up to a maximum of CHF 3,000 per calendar year.</p>
<p>A5 Does AXA assume the costs of a stay by an accompanying person when the insured is in hospital (rooming-in)?</p> <p>In the case of a hospital stay by an insured in Switzerland, we contribute to the costs of a stay by an accompanying person up to a maximum of CHF 320 per day, with a limit of CHF 4,000 per calendar year.</p>	<p>A8.4 We assume the costs of remedies prescribed and dispensed by recognized doctors and naturopaths. We assume maximum costs of CHF 1,000 per calendar year.</p> <p>A8.5 There is no entitlement to benefits for the following forms of treatment:</p> <ul style="list-style-type: none"> • astrology; • spiritual healing and distance healing; • laying on of hands; • magnetopathy; • hypnosis.
<p>A6 What costs are covered for outpatient care?</p> <p>A6.1 We assume the necessary and documented costs of medical treatments carried out by a qualified doctor. We also assume the costs of treatment by recognized chiropractors or treatment that is prescribed by a doctor and carried out by healthcare professionals.</p>	<p>A8.6 We do not meet the costs of treatments administered by close relatives. Close relatives are defined as spouses, registered partners, descendants, parents, uncles, aunts, cousins, or cohabiting partners.</p>
<p>A6.2 The costs of planned outpatient treatment abroad are covered by us up to a maximum of CHF 2,000 per calendar year.</p> <p>A6.3 We assume the costs of medically prescribed dental treatments for tooth reconstruction as a result of an accident.</p>	<p>A9 Does AXA also assume the costs of medication?</p> <p>A9.1 Subject to A9.2 and A9.3, this insurance covers the costs of medications prescribed by a doctor which are not covered under mandatory health insurance. The medication must however be registered with Swissmedic (the Swiss Agency for Therapeutic Products) for the indication concerned.</p>
<p>A7 Does AXA pay the costs of non-medical psychotherapy?</p> <p>A7.1 We assume the costs of psychotherapy treatment by a psychotherapist recognized by AXA, up to a maximum of CHF 3,000 per calendar year.</p>	<p>A9.2 Medication that is covered under mandatory health insurance only for restricted applications is not covered by this insurance for any additional treatments.</p>
<p>A7.2 We maintain corresponding lists pursuant to G9 GIC, from which it can be ascertained which psychotherapists are recognized or not recognized by AXA. These lists can be inspected at AXA, or extracts can be requested.</p>	<p>A9.3 We maintain corresponding lists pursuant to G9 GIC, from which it can be ascertained whether the costs of certain medications are not assumed or are only assumed at up to 50% of the amount charged. We also maintain a list of pharmaceutical products with special applications for which we do not provide coverage. These lists can be inspected at AXA, or extracts can be requested.</p>
<p>A8 What complementary-medicine benefits does the insurance cover?</p>	<p>A10 Are medical aids covered by the insurance?</p>
<p>A8.1 Within the scope of the following provisions, we cover the costs of complementary-medicine treatments administered by doctors. The insurance also covers treatment by naturopaths recognized by AXA. The treatments may also be administered by complementary-medicine practitioners recognized by AXA. We cover benefits for medically necessary treatments only.</p>	<p>A10.1 This insurance covers the costs of medically prescribed aids and devices which improve the use of impaired physical functions. We also meet the costs of the initial purchase or rental of the following devices and aids that become necessary as a result of an accident:</p> <ul style="list-style-type: none"> • Hearing aids • Speech aids • Spectacle lenses • Contact lenses • Aids for blind people and the severely visually impaired

The costs of repairing or replacing the above-mentioned devices and aids (including spectacle frames) are covered if they are damaged or destroyed in an accident, provided that the accident results in outpatient or inpatient medical treatment. In total, costs amounting to a maximum of CHF 2,000 per calendar year will be met for aids and devices pursuant to this paragraph.

A10.2 We maintain corresponding lists pursuant to G9 GIC, from which it can be ascertained which aids and devices are recognized or not recognized. These lists can be inspected at AXA, or extracts can be requested.

A10.3 Reusable aids and devices that are supplied by the Swiss association for joint tasks of health insurers (SVK) are made available to the insured free of charge.

A10.4 There is no coverage for the costs of operating, maintaining, and repairing the medical aids and devices.

A11 Does the insurance also cover the costs of care in the home, childcare in the home, house-minding, or home help?

A11.1 Care in the home

A11.1.1 The costs of medically prescribed nursing care in the home by recognized nursing care practitioners (except family members) will be met during the medically certified period of incapacity for work. The costs will be covered to a maximum of CHF 300 per day.

A11.1.2 No benefits are paid for care during stays in a nursing home or similar institution.

A11.2 Childcare in the home

We assume the costs of childcare for children up to the age of 15 years for a maximum of 60 hours per calendar year. Entitlement to benefits exists when

- an insured is an inpatient in hospital in connection with an accident, in which case the insurance covers childcare in the home, or
- an insured child has an accident, in which case the insurance covers the bodily care of the child, the administration of medication, and the preparation of meals in the home.

A11.3 House-minding

We assume the costs of house-minding (looking after pets, watering plants, emptying mailboxes, shopping before the patient returns home), provided that the insured requires a house-minding service because of an accident necessitating inpatient care.

A11.4 Home help

We assume the costs of a medically prescribed home help, provided that the insured requires a home help owing to their state of health and personal family circumstances, following an insured accident that renders them 100% unable to work.

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.

A11.5 Common provisions

A11.5.1 In total, we assume the costs of house-minding and home help up to a maximum of CHF 100 per day for up to 30 days per calendar year.

A11.5.2 Entitlement to benefits for childcare, house-minding, and home help exists on weekdays during normal working hours. Entitlement to childcare and house-minding is subject to the requirement that the emergency and organizational center specified by AXA is contacted in advance and the care is organized by that center.

A12 Does AXA cover the costs of tutoring for children who have suffered an accident?

If insured children up to the age of 15 years cannot attend school as a result of an accident and require tutoring, we cover the costs. We will pay up to CHF 100 per day for tutoring by a qualified person, with an annual maximum of CHF 3,000 per calendar year.

A13 Does the insurance cover transportation and rescue costs?

A13.1 We assume the costs of medically necessary rescue transportation, recovery transportation, and emergency transportation, as well as transportation from one treatment center to another. The costs of searches undertaken for the rescue or recovery of insureds who have suffered an accident are also covered. The costs of search missions undertaken with the aim of rescue or recovery of the insured abroad are covered up to a maximum amount of CHF 20,000 per insured.

A13.2 A condition of the assumption of costs is that the means of transportation is efficient and appropriate.

A14 What benefits are additionally insured abroad?

A14.1 If an insured suffers an accident or dies as the result of an accident during a temporary stay abroad (see A4.2 GIC), we assume the following costs:

- a) repatriation costs to the Swiss place of residence or hospital if deemed to be medically necessary;
- b) cost contributions (excess, deductible) incurred in a Member State of the European Union (EU) or of the European Free Trade Association (EFTA) in application of social security legislation;
- c) the cost of repatriating the remains in the event of the death of the insured;
- d) travel costs for a visit by a person related or close to the insured, if a hospital stay lasts longer than 7 days, to the following extent:
 - the authenticated costs of the inward and outward journeys, up to a maximum of the costs of flying in economy class;
 - the authenticated costs of accommodation and meals, up to a maximum of CHF 1,000 per loss event.

Related or close persons within the meaning of this paragraph are defined as the spouse, registered partner, children, parents, or cohabiting partner of the insured.

A14.2 If the insured is unable to catch their return flight from abroad as a result of an emergency hospital stay, we will meet the fees for rebooking the return flight. If it is not possible to rebook the flight, we will assume the cost of the return flight in economy class. These benefits are provided only if the expired ticket for the return flight is produced as evidence.

A14.3 This list is exhaustive.

A15 What benefits does the AXA emergency hotline provide under Personal Assistance?

A15.1 Our emergency hotline organizes and coordinates the provision of services locally in the event of accidents abroad. Our emergency hotline is available round the clock, seven days a week.

A15.2 The emergency hotline issues a confirmation of coverage within the limits of the existing insurance coverage if an insured needs inpatient or outpatient treatment during their trip abroad.

A16 What are the obligations of an insured if they have an accident and when do they need to obtain an advance confirmation of coverage?

A16.1 The insured must contact us or our emergency hotline for an advance confirmation of coverage before undergoing planned inpatient treatments, spa and convalescence treatments, and cosmetic procedures in Switzerland and abroad. For planned outpatient treatments, a confirmation of coverage is necessary only if the treatment is being undergone abroad.

A16.2 In an emergency, the insured must inform us about the treatment without delay pursuant to A16.1 and request a retrospective confirmation of coverage. In the case of treatment abroad, the AXA emergency hotline must be informed without delay.

A16.3 We may reduce our benefits or decline to assume the costs if the confirmation of coverage was not obtained from us before the start of treatment or if our emergency hotline was not contacted without delay in an emergency. E3.2 GIC is reserved.

A17 What are the general requirements for insurance coverage?

A17.1 We cover accident-related costs within five years of the accident date. The date of treatment is decisive for this purpose. After five years have elapsed from the accident date, we will meet accident-related costs up to a maximum of CHF 200,000 per accident.

A17.2 We do not meet the costs of treating illnesses. If pre-existing illnesses, previous accidents, or other uninsured circumstances have significantly aggravated the consequences of the accident, we may reduce the insurance benefits commensurately.

A17.3 We pay benefits only for acute hospitalization. Stays in institutions that are not intended for the treatment of the acutely ill are not covered. This includes care homes, homes for the aged, housing for the elderly, homes for the chronically ill, and hospices for the dying. Nor do we cover long-term stays in psychiatric day and night clinics. In all other respects, C3 GIC applies.

A17.4 The benefits are charged towards the total insured benefit amount per calendar year on the basis of the treatment or performance date. Costs incurred after the entitlement has expired cannot be carried over to the following year.

A17.5 The benefits of this insurance are paid pursuant to C6 GIC only after benefits have been paid under social insurance, especially health, accident, and disability insurance. Cost contributions covered by such insurances and co-payments (deductibles, excesses, and fees) imposed by them are not covered by this insurance.

A17.6 The benefits pursuant to these Supplementary Insurance Conditions are granted by way of an amendment to C6.2 GIC only after benefits have been paid under other private insurance policies, particularly private accident and supplementary health insurance. The costs will be paid only 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 similarly pay their benefits on a subsidiary basis only, the legislation on double insurance applies.

A17.7 Our benefits are based on the actual costs. We assume no more than the costs that actually arise and can be demonstrated, unless in individual cases another arrangement has been expressly agreed. If receipts are submitted in a foreign language, we may require an officially authenticated translation into one of the national languages of Switzerland or into English, at the expense of the insured. This insurance is indemnity insurance.

A18 Are age groups used for determining the premiums?

The following age groups are used for determining the premiums:

- 0 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- 26 to 30 years
- 31 to 35 years
- 36 to 40 years
- 41 to 45 years
- 46 to 50 years
- 51 to 55 years
- 56 to 60 years
- 61 to 65 years
- 66 to 70 years
- 71 to 75 years
- 76 years and older

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



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