



Supplementary insurance

Special terms and conditions (STC)
salto

2022 edition

Special terms and conditions (STC) salto under the Federal Insurance Contract Act (ICA)

2022 edition

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1 Insurance fundamentals

1.1 Purpose

salto meets the costs of outpatient and inpatient treatment and of emergencies in other countries that are otherwise not covered.

salto provides cover for medical treatments performed outside of the place of residence or work, vaccinations, aids, wisdom tooth extraction, transport costs, search, rescue and recovery costs and courses for promoting a healthy lifestyle.

salto is also designed to meet otherwise uncovered costs for medical treatment in an intensive-care hospital in the event of illness, accident or maternity.

salto also makes contributions to the otherwise uncovered costs of emergency treatment abroad in the event of illness, accident and premature childbirth, and of services during holidays, business travel or periods spent abroad.

salto benefits are supplementary to those under all other insurance policies concluded with Sympany.

The salto insurance policy offers benefits on top of compulsory health insurance (hereinafter referred to as basic insurance). No more than the proportion of the total costs that is not covered by social insurance (including basic insurance with another insurance provider) will be covered.

1.2 Insurance provider

The insurance provider is Sympany Versicherungen AG, Basel (henceforth referred to as the insurer).

1.3 General Terms and Conditions of Insurance (GTC)

The General Terms and Conditions of Insurance of Sympany Versicherungen AG are an integral component of the provisions of salto insurance. In the event of conflicting provisions, the Special Terms and Conditions of salto cover shall take precedence over the General Terms and Conditions of Insurance.

1.4 Insured persons

salto can be commenced at any time between the insured person's 18th and 31st birthdays.

1.5 Automatic transfer to the plus, hospita general and tourist insurance departments

salto expires on 31 December of the year in which the insured person celebrates his 32nd birthday. Transfer to the plus, hospita general and tourist departments takes place automatically on 1 January of the following year. No new health declaration is required for this automatic transfer. In the case of automatic transfer, no new health declaration is required, although existing cover restrictions in accordance with the General Terms and Conditions of Insurance shall continue unaffected.

1.6 Early transfer to the plus, hospita general and tourist insurance departments

Insured persons can transfer early to the plus, hospita general and tourist insurance departments without a new health declaration with effect from 1 January of any year. Insured persons are also entitled to transfer to mondial insurance. This need not take place on 1 January.

A transfer or change during the course of the year is also possible during pregnancy. Existing cover restrictions in accordance with the General Terms and Conditions of Insurance shall continue unaffected.

1.7 Benefit conditions

1.7.1 General

Benefits shall only be paid if treatment is provided on medical grounds by persons recognised by the insurance provider. Information about which persons are recognised must be acquired from the insurance provider. In the case of inpatient treatment, benefits shall only be paid if and for as long as the insured person remains hospitalised within the sense of the basic insurance and if the treatment is administered in an acute care hospital. The treatment must be provided by service providers who are recognised as such by the Federal Law on Sickness Insurance (KVG).

1.7.2 Intensive-care hospitals

An intensive-care hospital is a medical institution that provides medical and nursing care, equipped with the necessary technical infrastructure to treat patients in need of constant medical observation for reasons of illness, accident or childbirth.

1.7.3 Hospital list

Additionally, hospital treatment must take place in hospitals that appear on the approved list of the canton of location or canton of residence in accordance with Art. 39 KVG. Reduced benefits are payable for treatment in other hospitals.

1.7.4 Treatment outside the canton for medical reasons

In accordance with statutory provisions (Art. 41/3 KVG), the canton of residence meets the additional costs of medically indicated hospitalization outside the canton.

1.7.5 Hospitals with a recognized charge scale

Hospitals under contract are those with which the insurer has agreed defined charge scales. The health fund has a list of hospitals under contract, which is available for inspection at any time.

1.7.6 Absent criteria, maximum charges

If a hospital has no ward-classification criteria or applies criteria that differ from those set out in these provisions, its wards are treated as private for insurance purposes. In this event the insurer can set maximum charges for the general ward based on those of a comparable hospital with a recognized charge scale, located in the region where the insured person lives.

Any maximum tariffs established by the insurance provider can be checked with the insurance provider.

2 Outpatient treatment

2.1 Medical treatment performed outside of the place of residence or work

Treatment by KVG-covered doctors performed outside of the insured person's place of residence or work are fully covered subsequent to the benefits of the basic insurance as per the KVG tariff applicable at the place of treatment.

2.2 Emergency treatment while abroad

In the event of emergency treatment by doctors while abroad, salto cover shall fully cover the costs subsequent to the benefits of the basic insurance.

2.3 Duration of benefits

Subject to any provision to the contrary in the salto insurance provisions, benefits are not limited in time.

3 Inpatient treatment

3.1 Intensive care

3.1.1 Benefit coverage

salto shall cover the benefit level for a general ward in an acute care hospital with a recognised tariff anywhere in Switzerland (shared room) subsequent to the benefits of the basic insurance.

Not covered is the share costs under the basic insurance including the daily contribution to the cost of the hospital stay.

3.1.2 Treatment in a higher class of hospital ward

If treatment takes place in a higher class of hospital ward than is covered by insurance, cover is limited to the costs that would have been incurred in the insured ward. If these costs cannot be determined, salto pays a flat rate

CHF 30 per day

3.1.3 Treatment in an unlisted hospital

If the treatment is given in a hospital which does not appear on a cantonal hospital list, a maximum flat rate is payable.

CHF 30 per day

3.2 Inpatient rehabilitation

If medical treatment is provided in a multipurpose sanatorium recognized by the insurer or in a medical rehabilitation ward or clinic, salto meets the full costs for the first 60 days in accordance with the provisions on intensive care.

A list of recognised sanatoria or rehabilitation centres is compiled and can be accessed through the insurance provider at any time.

3.3 Psychiatric clinics

In accordance with the provisions on intensive care, salto pays the full costs of inpatient treatment in a psychiatric clinic and psychiatric treatment in an intensive-care hospital or special clinic for a period of 90 days.

These benefits are payable only once within a period of three calendar years.

3.4 Benefits abroad in emergencies

salto shall cover all costs of emergency inpatient treatment in the general ward in an acute care hospital during a temporary stay abroad subsequent to the benefits of the basic insurance. If the costs incurred are higher, salto pays additional benefits under Assistance.

Benefits are paid for as long as repatriation is not medically possible, subject to a maximum of one year. In the event of inpatient treatment, a cost assumption request must be submitted to the insurance provider immediately, but within ten days of admission to the hospital at the latest.

4 Maternity

4.1 Costs of inpatient treatment

salto shall cover the costs incurred by the mother in the event of a birth in the general ward in a hospital anywhere in Switzerland, where these costs are not covered by the basic insurance.

If the child has no insurance of its own, the mother's salto insurance pays the costs for the child in a general ward anywhere in Switzerland that are not otherwise covered.

4.2 Birth in a maternity clinic

salto shall provide the following contributions per birth in the event of a birth at a maternity clinic recognised by the insurance company but that is not included in the cantonal list of hospitals:

90%, to a maximum of CHF 1,000

5 Assistance abroad

5.1 Additional Assistance benefits

For up to 100 days' travel per calendar year, Assistance contributes as follows to the otherwise uncovered costs of inpatient treatment, family visits and special return trips, transportation and rescue operations:

Up to CHF 50,000

Cost shares and excesses are not covered.

5.2 Family visits and special return trips

If an insured person falls seriously ill or suffers a serious accident abroad and has to be hospitalized for more than 7 days, the insurer organizes and pays for a visit to his bedside by a person close to him (1st-class rail travel or economy class air travel).

If an insured person needs to be repatriated for inpatient treatment in a suitable hospital in his/her canton of residence for urgent medical reasons, the Sympany 24-hour emergency helpline shall arrange a special return journey for family members travelling with the insured person or for a person close to him/her. The additional costs incurred are covered.

If an insured person falls ill or suffers an accident and cannot undertake the planned return journey because he/she is in hospital, the Sympany 24-hour emergency helpline shall arrange a special return journey for the insured person, family members travelling with him/her or a person close to him/her. The additional costs incurred are covered.

5.3 Advance towards hospital costs

If an insured person requires hospitalization abroad, the insurer makes the following advance contribution to his hospital costs if necessary:

Up to CHF 20,000

If part of this advance payment is not covered by the insured person's existing insurance, it is charged to him. The sum reclaimed must be repaid within 30 days.

5.4 Notifying persons at home

In the event that measures are organized by the Sympany 24-hour emergency helpline, it shall notify the insured person's family members of the situation and inform them about the measures that have been arranged.

5.5 Arranging hospitals and medical contacts abroad

If necessary, the Sympany 24-hour emergency helpline arranges for the insured person to visit a doctor or a hospital in the vicinity of where he is staying. In the event of communication problems, the Sympany 24-hour emergency helpline provides interpretation facilities.

5.6 Medical advice from doctors

If an insured person requires medical assistance while traveling and this cannot be provided where he/she is staying, the doctors at the Sympany 24-hour emergency helpline shall provide medical advice.

This advice is just that: advice. It may not under any circumstances be regarded as a diagnosis.

5.7 Benefit exclusions

In addition to the limitation of benefits laid out in the General Terms and Conditions of Insurance of Sympany Versicherungen AG, there is no entitlement to insurance benefits

- for illnesses and the consequences of accidents that already existed when the journey began, or that the insured person knew were imminent and would require medical treatment,
- if the insured person travels abroad for the specific purpose of treatment, care or childbirth,
- if the Sympany 24-hour emergency helpline has not given prior approval for search operations, repatriation, family visits or special return journeys.

However, benefit reductions shall not be applied where

- the insured person was not at fault in the situation or
- the insured person can prove that the breach of contract in no way precipitated the adverse event or affected the scope of benefits covered by the insurer.

The insurer cannot be expected to arrange emergency transportation or repatriation if these are rendered impossible by extraneous circumstances such as strike, riot, acts of violence, major industrial accidents, radioactivity, natural disasters, epidemic illnesses or force majeure.

5.8 Obligations in the event of a claim

5.8.1 Notifying the Sympany 24-hour emergency helpline

The Sympany 24-hour emergency helpline must always be notified without delay of any sudden illness, accident or premature birth necessitating hospital treatment or assistance in Switzerland or while abroad.

5.8.2 Exemption from the confidentiality obligation

The insured person releases doctors and other medical personnel treating him/her, as well as the insurer, from their obligation of secrecy vis-à-vis the Sympany 24-hour emergency helpline or the insurer.

5.8.3 Notification of claim

The insured person must submit his/her claim to the insurer immediately, providing all relevant information together with full medical and administrative particulars. Only detailed, legible original bills will be accepted. If the details on the bill

are insufficient and the requested supplementary information is not forthcoming, benefits are fixed at the discretion of the insurer.

5.8.4 Unused rail or air tickets

The claimant must forward unused rail or air tickets to the insurer without being called upon to do so. If unused tickets have been sold or their value refunded by third parties, insurance benefits are reduced by the compensation received. If the claimant fails to meet this obligation, the insurer may require him to refund an amount determined at the insurer's discretion or reduce his claim for benefits by such an amount.

6 Accident supplement

Following an accident-related hospital stay, remedial aids needed for subsequent treatment are covered as per compulsory accident-insurance practice.

The costs of remedial aids are covered to the same extent where those aids replace a part of the body or a body function if these were impaired in connection with an accident which necessitated hospital treatment.

An excess of 10% is payable by the insured person on these benefits.

7 Prevention

7.1 Vaccinations

The following contributions are payable per calendar year to the costs of vaccinations to prevent infection:

90% of actual costs, to a maximum of CHF 220.- per calendar year

No benefits are provided for vaccinations that are undertaken for occupational reasons, whose effect is medically disputed or that are still in the research stage.

7.2 Precautionary gynaecological examinations

The costs of one precautionary gynaecological examination per calendar year are insured at the KVG charge rate, provided that no such benefits are received in the same calendar year under KVG insurance. An excess of 10% applies to this benefit.

7.3 Getting fit

salto shall contribute as follows to the disclosed costs of a course recognised by the insurer for promoting a healthy lifestyle (such as smoking cessation, back training and nutritional advice):

CHF 150 per calendar year

The insurer shall specify recognised courses for promoting a healthy lifestyle. The list of recognised courses is amended or added to on an ongoing basis and can be referred to at any time via the insurer.

7.4 Keeping fit

The following contributions are payable towards further recognized preventive measures such as sport, fitness and relaxation courses:

A total of CHF 200 per calendar year

The insurer shall specify the recognised institutions, preventive measures, cost contributions and cover limits. The list of recognised institutions, preventive measures, cost contributions and cover limits is amended or added to on an ongoing basis and can be referred to at any time via the insurer.

8 Remedial aids

8.1 Corrective lenses

The insurer makes the following contributions to the costs of spectacles or contact lenses required for visual correction:

CHF 420 per 3 years

8.2 Other remedial aids

Upon provision of a prescription, costs may be reimbursed for the rental and purchase prices of requisite medical aids adapted to the person's state of health for which no benefits are provided under the basic insurance:

50%, up to a maximum of CHF 250 per calendar year

The insurer shall specify the recognised aids.

The list of recognised aids is amended or added to on an ongoing basis and can be referred to at any time via the insurer.

Costs incurred for the operation, maintenance and repair of these remedial aids are not covered.

9 Dental care/wisdom teeth

9.1 General

The insurance covers the costs of the extraction of wisdom teeth. If the treatment is provided as inpatient treatment, the costs shall be assumed up to the amount of the contractually agreed daily flat rate of the general ward in the canton of residence. An excess of 10% is payable by the insured person on these benefits.

9.2 Service providers and charge scales

Benefits are reimbursed according to the scale applicable to dental benefits under compulsory health care insurance. If the dentist makes a higher charge than that stipulated in compulsory health care insurance, the difference is payable by the insured person.

The term "dentist" denotes a practitioner who has acquired the appropriate Swiss federal or equivalent diploma or who has been granted authorization to pursue the profession by the canton on the basis of evidence of scientific qualifications.

9.3 Treatment abroad

Treatment abroad is covered provided that the medical personnel concerned have undergone training equivalent to that of their counterparts in Switzerland and the costs do not exceed Swiss costs.

10 Transport costs, search, rescue and recovery operations

10.1 Transport costs, rescue and recovery actions in emergencies

10.1.1 Benefit coverage

The following overall contribution towards the costs of:

- medically necessary emergency transport to the nearest suitable hospital by an appropriate means of transport,
- return transportation to a suitable hospital in the canton in which the insured person resides for inpatient treatment,
- search, rescue and recovery operations is payable:

CHF 40 000 per calendar year

If the costs incurred are higher, *salto* pays additional benefits under Assistance for transport costs and rescue operations.

Transportation by air is paid for only if it is essential for medical or technical reasons.

10.1.2 Excess

The insured person is liable for the following excess in respect of each claim:

CHF 100

11 *salto* variant with a no-claims discount (NCD)

11.1 Principle

In the variant with a no-claims discount, a premium discount is granted if no claims are made.

11.2 Observation period

The monitoring period begins on 1 September or at the start of the period of insurance cover and ends on 31 August of the following year. Whether a cost falls within the observation period depends on the date on which the invoice is processed.

11.3 Discount levels

The following bonus levels or premiums apply to the *salto* variant with a no-claims discount:

Discount level <i>salto</i> with a no-claims discount	Premium under <i>salto</i> no-claims discount
0	Standard premium +20%
1	Standard premium
2	Standard premium -30%

The premium for *salto* with a no-claims discount is stated in the policy document. The insurer may introduce new discount levels with effect from the beginning of a new insurance period, and also adjust discounts in the light of inflation.

11.4 NCD level adjustment

If the person insured under *salto* with no-claims bonus has drawn no benefits for three successive observation periods at the same bonus level, the level for *salto* no-claims discount is raised by one level with effect from 1 January of the fourth year (unless he has already reached the maximum bonus level).

11.5 Level adjustment when benefits are drawn

If the insured person draws benefits during an observation period, the level is reduced by one with effect from 1 January of the following year (unless he has already reached bonus level 0).

11.6 Maternity benefits

The costs of hospital treatment for maternity do not count for calculation purposes; these costs are not regarded as benefits and therefore do not have any impact on the bonus level.

11.7 Complementary insurance

Switching from salto with a no-claims discount to standard salto cover requires a declaration of health, except for insured persons with a maximum discount who have drawn no benefits during the current observation period.

12 Age groups

In this insurance category, the age tariff shall apply. This means that premiums in this insurance category tend to rise as the insured person progresses to each subsequent higher age group:

years of age	
19 – 27	28 – 32

