

2022 edition



# Supplementary insurance

Special terms and conditions (STC)  
mondial

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

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# mondial

## 1 Insurance fundamentals

### 1.1 Purpose

The purpose of **mondial** is to provide insurance for the financial consequences of illness, accident and maternity for persons who are not covered by the Swiss compulsory health care insurance or for cross-border commuters who have opted not to be bound by the Swiss legal requirement to have health insurance.

### 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 **mondial** insurance. In the event of conflicting provisions, the Special Terms and Conditions of **mondial** insurance shall take precedence over the General Terms and Conditions of Insurance.

### 1.4 Conclusion of the insurance

The process for concluding insurance contracts pursuant to the General Terms and Conditions of Insurance shall apply to new insurance contracts. The maximum age at inception is 60

## 2 Insurance possibilities

### 2.1 General

**mondial** ICA cover and all the insurance departments covered by the general terms and conditions of insurance (GTC) may be arranged within **mondial**, except hospita comfort and, in the case of cross-border commuters, compensa.

### 2.2 Exclusion of accident cover

Accident cover can be excluded from **mondial**.

### 2.3 Exempt sum and excess

The agreed exempt sum applies to **mondial**.

Non-cross-border commuters	
Adults	CHF 500 / CHF 1,000
Children	CHF 200 / CHF 400
Cross-border commuters	
Adults	CHF 300 / CHF 500 / CHF 1,000 / CHF 1,500 / CHF 2,000 / CHF 2,500
Children	CHF 0 / CHF 200 / CHF 400 / CHF 600

The provisions of the Federal Law on Sickness Insurance (KVG) shall apply to deductibles and the contribution towards the cost of hospital stays.

## 3 Benefits

### 3.1 Principle

Cover is determined by the provisions applicable to individual insurance departments and the chosen extent of cover.

In accordance with the Federal Law on Insurance Contracts (ICA), in **mondial** insurance policies, the respective basic insurance benefits list shall apply in accordance with KVG. Conflicts within these provisions or in the Terms and Conditions of Insurance (GTC) for supplementary and additional insurance policies in accordance with the Federal Law on Insurance Contracts (ICA) shall take precedence over the basic insurance regulations pursuant to KVG.

**mondial** can provide additional benefits for cross-border commuters for outpatient treatment and prevention in their country of residence, as per the insurer's list.

For persons in Switzerland without a residence permit, **mondial** covers the costs of emergency treatment in an intensive-care hospital. Illnesses and consequences of accidents already in existence when the policy was concluded are not covered. These limitations do not apply to persons who already have **mondial** cover at their foreign place of residence.

The charges applicable in Switzerland or in the country where the insured person is resident or where treatment takes place in the EU are the determining factor. Further benefit provisions in the individual insurance departments are reserved.

If treatment is provided in a ward of a higher category than the patient is insured for or if the bill is manifestly excessive, the insurer shall limit the benefits to the tariffs valid for insurance cover at the insurer's registered office.

### 3.2 Treatment in the country of residence or abroad

Non-emergency treatment is covered in the insured person's country of residence, Switzerland and the EU.

If the provisions of the individual insurance departments contain rules for benefits abroad, then "abroad" is understood to mean every country except Switzerland and the country where the insured person resides.

## 4 Obligations

### 4.1 Obligations in the event of sickness and accident

Benefits shall only be paid if detailed original invoices containing the following details are submitted to the insurer:

- treatment date,
- diagnosis,
- types of treatment,
- number of consultations/duration of hospital stay,
- receipted original prescriptions,
- daily charges and ancillary costs (hospital).

In the event of inpatient treatment, a cost assumption request must be submitted to the insurer no later than ten days after admittance to the hospital.

### 4.2 Other notifications

The insured person must provide the insurer with a contact address and details of an account in Switzerland. The insurer sends communications to the contact address in Switzerland with legally binding effect.

## 5 Age groups

Age-based rates apply to this insurance category. This means that premiums in this insurance category tend to rise as the insured person progresses to each subsequent higher agegroup:

years of age					
0-18	26-30	36-40	46-50	56-60	71+
19-25	31-35	41-45	51-55	61-70	

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