



KPT, Postfach, CH-3001 Bern  
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## Hospital Costs Insurance (H)

Special conditions supplementary to the GCI  
Edition of 01.2018

### Contract

#### Purpose and conditions *H art. 1*

- <sup>1</sup> KPT Versicherungen AG accepts the cost of the benefits outlined in Articles 4 to 11 below, in particular costs incurred for in-patient treatment in a recognised facility contracted to KPT Versicherungen AG supplementary to the cover provided by obligatory health insurance or our Voluntary Health Insurance.
- <sup>2</sup> The following facilities are deemed as **recognised** by KPT:
  - Swiss hospitals for acute illnesses, rehabilitation clinics or psychiatric clinics named on the hospital list of the canton of residence or the home canton which have a valid mandate to provide the planned treatment (listed hospital) or hospitals which have contracted with KPT Versicherungen AG (health insurance according to the KVG) according to Art. 49a para. 4 (contracted hospital); and
  - which have concluded a valid contract on tariffs with KPT at the time when in-patient treatment begins according to which the hospital and treating doctors base their invoices for treatment.
- <sup>3</sup> We maintain a **list of non-recognised facilities** that do not fulfill the requirements of paragraph 2 for which the **cost of benefits is not accepted (List of exceptions)**.
- <sup>4</sup> We can accept **partial costs** from **certain non-recognised facilities** up to a fixed maximum amount, which has to be determined in advance. These facilities are indicated on a separate list (**Goodwill tariff list**). The Goodwill tariff list in effect at the time in-patient treatment starts is always the list used.
- <sup>5</sup> We undertake to publish the current version of the exception list and the current goodwill tariff list on our website.

#### Insurance options *H art. 2*

- <sup>1</sup> You can choose from these insurance options:
  - Hospital insurance GENERAL
  - Hospital insurance SEMIPRIVATE
  - Hospital insurance PRIVATE
  - Hospital insurance PRIVATE WORLD
- <sup>2</sup> If you have GENERAL, SEMIPRIVATE or PRIVATE cover, you are entitled to refunds for benefits covered by the corresponding category of insurance within the scope stipulated in H art. 11 which are provided by recognised facilities in accordance with H art. 1 para. 2.
- <sup>3</sup> If you have PRIVATE WORLD insurance, you receive comprehensive cover within the scope outlined in H art. 11 even if the conditions stipulated in art. 1 para. 2 are not fulfilled.

#### Obligations of insured persons *H art. 2a*

In every case where admission to hospital is planned, you have to make sure the hospital you would like to be treated in is not on the current List of exceptions as stipulated in H art. 1 para. 3 or if cover for costs is only provided according to the Goodwill list as stipulated in H art. 1 para. 4.

#### Annual deductible during stays in hospital *H Art. 3*

- <sup>1</sup> You are entitled to increase or decrease the annual deductible at any time within the duration of the contract. The new deductible will be charged in full for the current year.



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- 2 You can increase or decrease the annual deductible while observing a 3 month period of notice. In this case we are entitled to carry out a risk assessment.
- 3 If your stay in hospital extends beyond the end of a calendar year, the annual deductible will only be charged once. The calendar year in which the hospital stay begins is the determining factor for when the charge is made.

## Benefits

### Psychiatry *H art. 4*

Benefits are paid for in-patient treatment according to the insured ward in a recognised facility as stipulated in H art. 1 para. 2. If you are rehospitalised within 180 days, the preceding days of treatment are added to the period of treatment. The maximum benefit period is 720 days.

### Rooming-in *H art. 5*

If you are hospitalised in an acute hospital as stipulated in H art. 1 para. 2, we pay the daily rate for accommodation for an accompanying person to stay overnight for 14 days.

### Births *H art. 6*

We pay the following from the mother's Hospital Costs Insurance:

- Costs incurred for accommodation and care of a healthy baby in hospital.
- A daily sum for a home help if the baby is born at home and for births in a maternity home.
- A daily sum for the cost of a birth in a maternity home for 5 days if the obstetric home does not have a cantonal mandate to provide maternity services.

### Spa cures *H art. 7*

- 1 Spa cures must commence immediately after intensive medical treatment and be prescribed by a doctor; we should be notified of the name of the health spa and receive a copy of the medical certificate at least 14 days prior to the proposed date of the cure.
- 2 We pay a daily sum for thermal cures and therapy in recognised health spas in Switzerland for a maximum of 42 days within a period of 5 calendar years.
- 3 We pay a daily sum for convalescent cures in medically supervised sanatoriums, which are recognised by the industry association *santésuisse*, for a maximum of 30 days per calendar year.
- 4 **No benefits are paid for any cures** that do not meet the above requirements; for example those provided in rest homes, hotels, and holiday apartments and those offered during stays at therapeutic homes and therapeutic communities for addictive illnesses, as well as during cures abroad or cures for detoxification and prevention.

### Home help and home nursing *H art. 8*

We reimburse the costs for a home help or for home care in the time period subsequent to hospitalisation or after an outpatient operation for a maximum of 60 days per calendar year according to the insured ward if prescribed by a doctor:

- For a home help.
- For home nursing by relatives with the necessary professional training. Home nursing benefits will also be paid on condition that this helps avoid hospitalisation.

These benefits cannot be accumulated with benefits for spa cures. If assistance is provided by a relative, the relative must submit proof of loss of income before benefits can be paid.



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### Emergency transport, rescue and recovery *H art. 9*

- <sup>1</sup> In Switzerland we accept the cost of the following services:
  - Transport in a medical emergency to the nearest suitably equipped hospital for in-patient treatment.
  - Rescue and recovery operations which are medically required.
- <sup>2</sup> If you are abroad, we accept the cost of transport in a medical emergency to the nearest suitably equipped hospital for in-patient treatment.
- <sup>3</sup> We refund the cost of search operations that are directly related to medically required rescue and recovery operations.
- <sup>4</sup> **We do not accept the cost of repatriation or transport of mortal remains.**

### Benefits while abroad *H art. 10*

If you go abroad specifically for treatment, the above benefits are only paid if equivalent treatment is unavailable in Switzerland for medical reasons. In such circumstances prior authorisation by KPT is required.

### Table of benefits *H art. 11*

Benefits	General	Semi-private	Private	Private worldwide
<b>Per day</b>				
Acute hospital		Full cover for all costs in the insured ward.		
Psychiatry				
1 day to 90 days		Full cover for all costs in the insured ward.		
91 to 180 days	CHF 60.–	CHF 120.–	CHF 200.–	CHF 200.–
181 to 720 days	CHF 20.–	CHF 30.–	CHF 50.–	CHF 50.–
Rooming-in	CHF 50.–	CHF 50.–	CHF 50.–	CHF 50.–
Maternity hospital	CHF 100.–	CHF 200.–	CHF 300.–	CHF 300.–
Spa cures	CHF 20.–	CHF 40.–	CHF 60.–	CHF 60.–
Convalescence cures	CHF 20.–	CHF 40.–	CHF 60.–	CHF 60.–
Home help/ home nursing	CHF 20.–	CHF 30.–	CHF 50.–	CHF 50.–
<b>Per case of transport</b>				
Emergency transport Switzerland		Full cover		
Abroad	Up to CHF 2,000.–	Up to CHF 3,000.–	Up to CHF 6,000.–	Up to CHF 6,000.–



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Benefits	General	Semi-private	Private	Private worldwide
<b>Per incident</b>				
Rescue/recovery Switzerland			Up to CHF 20,000.–	
In-patient rehabilitation	Full cover for all costs in the insured ward for at most 60 days within a period of 5 calendar years.			
Benefits for hospital treatment while abroad	Worldwide: up to CHF 20,000.–	Europe, countries bordering the Mediterranean Sea: full cover for all costs. Rest of the world: up to CHF 50,000.–	Worldwide: full cover of all costs. Exceptions: USA and Canada up to CHF 100,000.–	Full cover of all costs.

**Non-assignment** *H art. 12*

You may not assign any claims on KPT Versicherungen AG to any third party without the express written permission of the insurer (covenant not to assign).

**Non-insured costs** *H art. 13*

**The following goods and services are not considered to be hospitalisation costs: use of means of communication; rental charges for audio-visual devices and any content therein; cigarettes and tobacco; assistance in cases of death; administrative costs.** We reserve the right to pass on any benefits to you resulting from an agreement with the facility.

Costs arising from sanctions incurred because of conduct contrary to the conditions of compulsory health insurance schemes with a limited choice of provider are also not in-sured.

Berne, 1 June 2017  
KPT Versicherungen AG