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Flex Top Hospital Costs Insurance

Special conditions supplementary to the GIC
Issue Jul. 2023

Contract

Purpose and requirements *Flex Top Art. 1*

1 KPT Versicherungen AG provides the benefits listed in Flex Top Art. 3 to Art. 15 below, in particular the costs of inpatient treatment at a recognised facility, in addition to the compulsory health insurance or our 'Voluntary health insurance (F)'

2 The following facilities are **recognised** by KPT:
- Swiss acute care hospitals, rehabilitation clinics or psychiatric clinics listed on the hospital list for the canton in which the insured person resides or is located and which have a valid service mandate for the intended treatment (listed hospitals) or have concluded a contract with KPT Krankenkasse AG (health insurance under the HIA) in accordance with Art. 49a (4) HIA (contractual hospitals) and
- Which have an arranged tariff contract with us at the time treatment begins, which they and their treating physicians use as the basis for generating their bills.

3 We maintain a **list of non-recognised providers** who do not meet the requirements of clause 2 and for whose services we do **not cover any costs (exception list).**

4 We may **cover partial costs** from **certain non-recognised facilities** up to a maximum limit. You will be advised of the specific costs covered prior to the start of treatment in the commitment to cover costs. These facilities are indicated in a separate list **(goodwill tariff list).** We always refer to the goodwill tariff list that is valid on the date inpatient treatment begins.

5 We commit to publishing the latest versions of the exception list and goodwill tariff list on our website. The physical lists can also be made available on request.

6 Amendments to the exception list and goodwill tariff list do not confer any right to termination on the insured.

Obligations of the insured person *Flex Top Art. 2*

Before any planned hospital stay, you must ensure that the facility in which you wish to be treated is not listed on the current exception list and check whether costs will only be covered in accordance with the goodwill tariff list.

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Benefits

Free choice of hospital ward (general, semi-private, private) for inpatient treatment
Flex Top Art. 3
Before starting inpatient treatment, you choose which type of hospital ward (general, semi-private or private) you wish to stay on and be treated on.

Co-payment for inpatient hospital stays *Flex Top Art. 4*
We do not demand any co-payment from you under this supplementary insurance for benefits received on a general ward; if you opt to stay on a private or semi-private ward, you will be charged the co-payment amount specified in the policy.

The following co-payments apply for inpatient hospital stays

Ward	**Co-payment**
General ward	No co-payment
Semi-private ward	CHF 150 per day in hospital
Private ward	CHF 250 per day in hospital

Your maximum co-payment per calendar year is CHF 4,000. Up to the end of the year in which you turn 18, your maximum co-payment per calendar year is CHF 2,000.

The co-payment per day in hospital and the maximum co-payment per calendar year are subject to annual adjustment in accordance with regulatory stipulations. We will inform you of any such adjustments in writing. If you disagree to the change, you have a right to cancel the insurance with effect from the change date. If we do not receive notice of cancellation from you within 30 days of your receipt of the change notice, you will be deemed to have accepted the change.

Hospital inpatient within Switzerland *Flex Top Art. 5*

1 We will cover the treatment and accommodation costs for an inpatient hospital stay on a general, semi-private or private ward in hospitals and rehabilitation facilities which, at the time of treatment, are considered a facility within the meaning of Flex Top Art. 1 (2).

2 For planned treatments, our **commitment to cover costs** for the selected provider and ward must be available to the provider no later than the time of admission. In an **emergency,** we must be asked to provide a commitment to cover costs for the selected provider and selected ward without delay. Responsibility for obtaining the commitment to cover costs rests with the provider.

3 KPT will issue the commitment to cover costs if the benefit conditions are met. If the benefit conditions are not met, KPT will not issue a commitment to cover costs and will not reimburse any costs.

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Outpatient procedures *Flex Top Art. 6*
For outpatient procedures or surgery (outpatient: admission date same as discharge date) at a recognised institution, we will cover 75% of the costs for the following benefits up to a maximum of CHF 1,000 per calendar year, to supplement basic health insurance under the HIA:
- Costs associated with a free choice of doctor
- Additional accommodation costs at the recognised institution following an outpatient procedure
- Actual costs of up to CHF 200 per procedure for transporting the insured person and one accompanying person to and from the facility for the outpatient procedure in question
- Costs for non-medically necessary overnight stays, including meals for the insured person plus one accompanying person, the day immediately before and after the procedure and on the day of the procedure itself, not exceeding CHF 200 per night (total cost for both persons).
- Up to CHF 50 per day for food deliveries for max. 7 days after the procedure.
- Up to CHF 100 per day for childcare services for the insured person's own children or foster children, support services for persons in need of nursing care whom the insured person previously cared for privately, and commercial pet care services (e.g. animal shelter) on the day of the procedure and for up to a maximum of 7 days thereafter

Hospital treatment abroad *Flex Top Art. 7*
In accordance with Art. 36 HIO, we only cover the following treatments abroad:
- Emergencies: an emergency is deemed to exist if you require medical treatment during a temporary stay abroad and a return trip to Switzerland is not deemed appropriate. If you go abroad specifically for the treatment, this is not classed as an emergency.
- Treatment that cannot be provided in Switzerland for medical reasons. Our approval must be obtained beforehand.

Psychiatry *Flex Top Art. 8*
For inpatient treatments at a KPT-recognised facility within the meaning of Flex Top Art. 1 (2), we will provide the benefits for a stay on the selected ward after deduction of the co-payment for up to 90 days per calendar year. In the event of readmission within 180 days, the previous days will also be counted.

Rooming in/health cures/home help *Flex Top Art. 9*
We will pay up to CHF 50 per day per category for the following services:

Rooming in
During your stay at a KPT-recognised acute hospital, as defined in Flex Top Art. 1 (2), we shall pay a daily allowance for food and accommodation for one companion, provided that they also stay at the hospital, for up to 30 days per calendar year.

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Health cures

1 Health cures must commence immediately after intensive medical treatment and be prescribed by a doctor; we require a copy of the doctor's orders, stating the name of the health resort and the therapy start date at least 14 days in advance of this date. We provide the daily health cure rate for up to 30 days in total per calendar year.

2 For medically prescribed balneotherapy with therapeutic treatment at a recognised therapeutic spa in Switzerland, we provide the daily rate for up to 30 days per calendar year

3 For convalescence therapy at a doctor-managed and KPT-recognised health resort, we provide the daily rate for up to 30 days per calendar year. Please refer to or ask us for a copy of our list of recognised health resorts.

4 **We do not cover health cures that do not meet the above requirements,** especially in the case of health cures provided in rest homes, hotels or holiday homes that are not recognised by us and included on our list of recognised therapeutic spas and convalescent facilities, health cures offered during stays at treatment centres or rehab centres for addiction, health cures provided in facilities abroad and health cures for detox or prevention purposes.

5 Amendments to the list of recognised therapeutic spas and convalescent facilities do not confer any right to termination on the insured.

Home help and home care

We shall cover the costs of medically prescribed help or care at home immediately after a hospital stay or outpatient procedure for up to 30 days per calendar year:

– For home help based on a detailed invoice with dates
– For home care by a relative with a professional qualification in nursing care.

Home care benefits will also be provided if such nursing care avoids a hospital stay. These benefits cannot be cumulated with health cure benefits. If relatives provide assistance, they must provide proof of a loss of earnings.

Childbirth *Flex Top Art. 10*

Under Flex Top hospital costs insurance, after expiry of the waiting period specified in Art. 2 (2) of the general insurance conditions for supplementary insurance under the IPA, we cover the mother for the following:

– Accommodation and nursing care costs for a healthy newborn.
– A maximum of CHF 50 per day for a maximum of 5 days for home help following an inpatient birth at a recognised facility
– A one-time birth allowance of CHF 1,000 for an outpatient birth (outpatient: admission date same as discharge date) at a recognised institution or a home birth. This amount is only paid once, even in the event of a multiple birth.

Emergency transport, search and rescue *Flex Top Art. 11*

1 In Switzerland, we cover the costs:
  – For medically necessary emergency transport to the nearest suitable hospital for inpatient treatment.
  – For medically necessary rescue operations (emergency and otherwise).

2 Outside of Switzerland, we cover the costs for medically necessary emergency transport to the nearest suitable hospital for inpatient treatment, up to a maximum of CHF 5,000 per calendar year

3 We reimburse the costs of search operations that are directly related to a medically necessary rescue (emergency or otherwise), up to a maximum of CHF 30,000 per calendar year

4 **We do not cover any repatriation costs or costs for the recovery and transportation of mortal remains.**

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Travel and holidays abroad *Flex Top Art. 12*
For 8 weeks (56 days) per calendar year, you are insured for medical expenses, personal assistance, loss of/damage to luggage up to CHF 2,000, cancellation costs up to CHF 20,000 and legal protection abroad up to CHF 300,000 when travelling or on holiday abroad (outside Europe and the countries bordering the Mediterranean up to CHF 100,000). This cover is based on the General Insurance Conditions for Travel and Holiday Insurance, issue dated Jan. 2020, available at kpt.ch/travel-insurance

The insured benefits are provided by KPT Versicherungen AG (medical expenses), AWP P&C S.A., Saint-Ouen [Paris], Wallisellen branch [Switzerland] (personal assistance, luggage and cancellation costs) and Coop Rechtsschutz AG (legal protection).

The benefits defined in the travel and holiday insurance conditions, issue dated Jan. 2020, cannot be cumulated with travel and holiday insurance benefits from other KPT Versicherungen AG policies (in particular the travel and holiday cover included with Health Insurance Plus/Comfort) and are limited to a maximum of 8 weeks (56 days) per calendar year.

Option to switch to a different hospital product without a health declaration *Flex Top Art. 13*
In the 10 years after arranging Flex Top supplementary hospital insurance (switching period), you have the option of switching to a more premium (semi-private or private) KPT hospital insurance product, provided that the product is open for new members. If the insurance commences during the year, the 10-year switching period will begin on 1 January of the year following the insurance start date.

The product switch can be made on 1 January following the expiration of a one-year waiting period. During the waiting period, your Flex Top insurance cover will remain in place.
You will lose your entitlement to switch upon expiry of the switching period.

This option is available up to the age of 65 and as a one-off only (even if you take out Flex Top hospital costs insurance again in the future).

Lump-sum payment for serious illness *Flex Top Art. 14*
If you are diagnosed with one of the serious illnesses listed below, we will pay a one-time lump sum of CHF 5,000 for each category of illness over the term of insurance for use at your own discretion.

Serious illnesses within the meaning of these conditions are as follows (exhaustive list):

a) Heart attack
   A heart attack within the meaning of these conditions is an acute event that has led to the death of heart muscle cells within a defined area of the heart muscle as a result of a blockage of one or more coronary arteries.

   In the case of a heart attack, we shall provide benefits on condition that:
   1. The heart attack is medically confirmed by a cardiologist or specialist for internal medicine and
   2. Newly occurring electrocardiographic (ECG) changes are compatible with an acute heart attack and
   3. Cardiac biomarkers used to indicate the stage of the heart attack (troponin, CK-MB, PRO-BNP, LDH) are present.

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Cover will not be provided if:
- The event is not confirmed as a heart attack by a cardiologist or specialist for internal medicine
- The heart attack is of indeterminate age or the heart attack results in death within 48 hours
- The cardiac biomarkers result from a cardiac procedure, such as a coronary angiography or coronary angioplasty.

b) Stroke
A stroke within the meaning of these conditions is the destruction of brain tissue caused by a blockage in an artery supplying the brain as a result of a cerebral infarction (ischaemic stroke) or a non-traumatic bleed in or around the brain (haemorrhagic stroke).

In the case of a stroke, we shall provide benefits on condition that:
1. The stroke is medically confirmed by a neurologist and
2. The stroke is detected by CT (computed tomography), MRI (magnetic resonance imaging) or other appropriate imaging techniques and
3. The stroke results in a permanent and quantifiable loss of motor and/or cognitive function in an area of the body controlled by the brain region affected

Cover will not be provided for any injury to brain tissue or blood vessels as the result of an accident, transient ischaemic attacks (TIA) or strokes resulting in death within 48 hours.

c) Cancer
Cancer within the meaning of these conditions is malignant cell growth (e.g. tumour); that is, the uncontrolled growth of abnormal or damaged cells, which can start anywhere in the body and potentially spread to other tissue and organs. The term ‘cancer’ also includes cancers affecting the blood, bone marrow or lymphatic system. This list is exhaustive.

Cover excludes:
- All cancers or potential cancers that are detected solely on the basis of molecular or biochemical methods but have not yet occurred, e.g. circulating tumour DNA in the blood without the presence of cancer as defined above,
- All **basaliomas, histologically confirmed stage I melanomas (UICC TNM classification, 2023 edition) and all skin cancers that are not melanoma.** However, the contractual benefits will be provided if the cancer has spread (distant metastasis).

In the case of cancer, the diagnosis must be confirmed histologically, or cytologically in the case of leukaemia. This is the basis for our obligation to provide benefits.

Counselling services to accompany treatments and procedures *Flex Top Art. 15*
We contribute towards additional measures and services associated with inpatient and outpatient procedures or hospital stays. The recognised measures, services, providers and specific contributions are published on the list ‘List of Counselling Services to Accompany Treatments and Procedures’ under KPT Flex . The list can be viewed at www.kpt.ch; excerpts can be requested. KPT reserves the right to amend this list unilaterally at any time. The current list is authoritative. KPT will not make any payments for measures, services, providers or contributions not included on this list.

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Non-assignment clause *Flex Top Art. 16*
The assignment of claims to third parties without our written consent is not permitted (prohibition on assignment).

Non-insured costs *Flex Top Art. 17*
Hospital costs insurance does not cover the following paid goods and services: use of communication devices; rental of audiovisual equipment and content; tobacco products; death-related activities; administrative costs. We and the facility reserve the right to agree exceptions to the above to your advantage. The cover also excludes costs arising from sanctions incurred because of conduct contrary to the conditions of compulsory health insurance schemes with a limited right to choose.

Age groups

Age groups *Flex Top Art. 18*

Your supplementary insurance premium is calculated based on your age. Moving to a higher age group is usually associated with an increase in premiums. This increase will take effect on 1 January of the year in which you reach the relevant age.

The age groups are as follows: 0–5; 6–10; 11–18; 19–25; 26–30; 31–35; 36–40; 41–45; 46–50; 51–55; 56–60; 61–65; 66–70; 71–75; 76–80; 81–85; 86–90; 91+

Bern, 1 July 2023
KPT Versicherungen AG