

Table of Benefits

Corporate Group Schemes

Valid from 1st January 2018

The following plans are only available for corporate groups of three employees or more. These plans represent supplemental cover to the mandatory Swiss Health Insurance.

Treatment Guarantee is required for all benefits indicated with a ¹ or ² in the following tables and may be required for other benefits. Please refer to note 2 within the "Notes" section for more information.

Core Plans

Core Plan Benefits	Suisse Premier	Suisse Club
Maximum plan benefit	CHF 9,750,000	CHF 1,462,500

In-patient benefits¹ - please refer to note 2 for more information on Treatment Guarantee

Hospital accommodation ¹	Private room	Semi-private room
Intensive care ¹	Full refund	Full refund
Prescription drugs and materials ¹ <small>In-patient and day-care treatment only. Prescription drugs are those which legally can only be purchased when you have a doctor's prescription.</small>	Full refund	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund	Full refund
Physician and therapist fees ¹ <small>In-patient and day-care treatment only.</small>	Full refund	Full refund
Surgical appliances and materials ¹	Full refund	Full refund
Diagnostic tests ¹ <small>In-patient and day-care treatment only.</small>	Full refund	Full refund
Organ transplant ¹	Full refund	Full refund
Psychiatry and psychotherapy ¹ <small>In-patient and day-care treatment only. 10 month waiting period applies.</small>	Full refund	CHF 13,780
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Full refund	Full refund
Emergency in-patient dental treatment	Full refund	Full refund

Other benefits - please refer to note 2 for more information on Treatment Guarantee

Day-care treatment ²	Full refund	Full refund
Kidney dialysis ²	Full refund	Full refund
Out-patient surgery ²	Full refund	Full refund
Nursing at home or in a convalescent home ² <small>Immediately after or instead of hospitalisation.</small>	CHF 5,525	CHF 3,680
Rehabilitation treatment ² <small>In-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases.</small>	CHF 5,750	CHF 3,900
Local ambulance	Full refund	Full refund
Emergency treatment outside area of cover <small>For trips of a maximum period of six weeks.</small>	Full refund, max. 42 days	Full refund, max. 42 days

Core Plan Benefits	Suisse Premier	Suisse Club
Medical evacuation² Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre ² Where ongoing treatment is required, we will cover hotel accommodation costs ² Evacuation in the event of unavailability of adequately screened blood ² If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs ²	Full refund Full refund Full refund Full refund, max. 7 days	Full refund Full refund Full refund Full refund, max. 7 days
Expenses for one person accompanying an evacuated person ²	CHF 3,900	CHF 3,900
Travel costs of insured family members in the event of an evacuation ²	CHF 2,600 per event	CHF 2,600 per event
Repatriation of mortal remains ²	CHF 13,000	CHF 13,000
Travel costs of insured family members in the event of the repatriation of mortal remains ²	CHF 2,600 per event	CHF 2,600 per event
CT and MRI scans In-patient and out-patient treatment.	Full refund	Full refund
PET² and CT-PET² scans In-patient and out-patient treatment.	Full refund	Full refund
Oncology² In-patient, day-care and out-patient treatment. Purchase of a wig	Full refund CHF 260 per lifetime	Full refund CHF 260 per lifetime
Routine maternity² In-patient and out-patient treatment. 10 month waiting period applies.	Full refund	Full refund
Complications of pregnancy and childbirth² 10 month waiting period applies	Full refund	Full refund
Home delivery	CHF 1,300	N/A
In-patient cash benefit (per night) Where treatment has been received free of charge.	CHF 195 max. 25 nights	CHF 195 max. 25 nights
Emergency out-patient treatment Where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan.	CHF 975	CHF 975
Emergency out-patient dental treatment Where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan.	CHF 975	N/A
Palliative care ²	Full refund	Full refund
Long term care ²	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime

Out-patient Plans

OPTIONAL

The following Out-patient Plans can be purchased with any of our Core Plans. They cannot be bought separately.

Out-patient Plan Benefits	Suisse Gold	Suisse Silver
Maximum plan benefit	No limit	CHF 16,575
Medical practitioner fees and prescription drugs Prescription drugs are those which legally can only be purchased when you have a doctor's prescription.	Full refund	Full refund
Specialist fees	Full refund	Full refund
Diagnostic tests	Full refund	Full refund
Vaccinations	Full refund	Full refund
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry Max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit.	Full refund	Full refund
Prescribed physiotherapy Initially limited to 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined.	Full refund	Full refund
- Non-prescribed physiotherapy	5 visits	5 visits
Prescribed speech therapy, oculomotor therapy and occupational therapy ²	Full refund	Full refund

Out-patient Plan Benefits	Suisse Gold	Suisse Silver
Health and wellbeing checks including screening for the early detection of illness or disease. Checks are limited to: <ul style="list-style-type: none"> Physical examination Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test) Cardiovascular examination (physical examination, electrocardiogram, blood pressure) Neurological examination (physical examination) Cancer screening <ul style="list-style-type: none"> Annual pap smear Mammogram (every two years for women aged 45+, or earlier where a family history exists) Prostate screening (yearly for men aged 50+, or earlier where a family history exists) Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists) Annual faecal occult blood test Bone densitometry (every five years for women aged 50+) Well child test (for children up to the age of six years, up to a maximum of 15 visits per lifetime) BRCA1 and BRCA2 genetic test (where a direct family history exists; Gold Plan only) 	CHF 1,560	CHF 780
Infertility treatment 18 month waiting period applies.	CHF 15,600 per lifetime	CHF 15,600 per lifetime
Psychiatry and psychotherapy 18 month waiting period applies.	30 visits	20 visits
Prescribed medical aids	Full refund	CHF 3,250
Prescribed glasses and contact lenses including eye examination	CHF 260	CHF 234
Dietician fees	4 visits	N/A

Dental Plans

OPTIONAL

The following Dental Plans can be purchased with any of the Core Plans. They cannot be bought separately.

Dental Plan Benefits	Suisse Dental 1	Suisse Dental 2
Maximum plan benefit	No limit	CHF 2,665
Dental treatment	100% refund	80% refund
Dental surgery	100% refund	80% refund
Periodontics	80% refund	80% refund
Orthodontic treatment and dental prostheses 10 month waiting period applies.	65% refund, up to CHF 6,500	50% refund

Repatriation Plan

OPTIONAL

The following Repatriation Plan can be purchased with any of the Core Plans. It cannot be bought separately.

Suisse Repatriation Plan Benefits	
Medical repatriation² Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical centre ² Where ongoing treatment is required, we will cover hotel accommodation costs ² Repatriation in the event of unavailability of adequately screened blood ² If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs ²	Full refund Full refund Full refund Full refund, max. 7 days
Expenses for one person accompanying a repatriated person ²	CHF 3,900
Travel costs of insured family members in the event of a repatriation ²	CHF 2,600 per event
Travel costs of insured members to be with a family member who is at peril of death or who has died	CHF 1,950 per lifetime

Notes

1. Area of cover

We offer a range of options in relation to geographical cover. The chosen area of cover will be specified in the Insurance Certificate.

2. Treatment Guarantee

Certain treatments and costs require submission of a Treatment Guarantee Form in advance. Following approval by us, cover for these required treatments or costs can then be guaranteed. In the Table of Benefits, benefits which require pre-approval through submission of a Treatment Guarantee Form are indicated by either a 1 or a 2. These benefits are listed below, along with further important details:

- All in-patient benefits¹ listed.
- Day-care treatment².
- Kidney dialysis².
- Out-patient surgery².
- MRI (Magnetic Resonance Imaging) scan. Treatment Guarantee may be required for this test if you would like us to settle the bill directly with the medical provider.
- PET² (Positron Emission Tomography) and CT-PET² scans.
- Nursing at home or in a convalescent home².
- Routine maternity² and complications of pregnancy and childbirth² (in-patient treatment only).
- Oncology² (in-patient and day-care treatment only).
- Occupational therapy² (out-patient treatment only).
- Rehabilitation treatment².
- Medical evacuation² (or repatriation where covered).
- Travel costs of insured family members in the event of an evacuation/repatriation².
- Repatriation of mortal remains².
- Travel costs of insured family members in the event of the repatriation of mortal remains².
- Expenses for one person accompanying an evacuated/repatriated person².
- Palliative care²
- Long term care².

¹ If Treatment Guarantee is not obtained for the benefits listed with a 1, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 80% of the eligible benefits.

² If Treatment Guarantee is not obtained for the benefits listed with a 2, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 50% of the eligible benefits.

We should be contacted at least five working days before receiving treatment, so that we can ensure that there will be no delays at the time of admission. This will ensure that members benefit from cashless access to hospitals for in-patient treatment, where possible, and have their treatment overseen by our team of medical professionals.

In the case of an emergency, we should be informed within 48 hours of the event to ensure that no Treatment Guarantee penalty will apply to the claim.

3. Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits. The **maximum plan benefit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance Year, under that particular plan. Some benefits also have a **specific benefit limit**, for example "Nursing at home or in a convalescent home". Specific benefit limits may be provided on a "per Insurance Year" basis, a "per lifetime" basis or on a "per event" basis, such as per trip, per visit or per pregnancy. In some instances we will pay a percentage of the costs for the specific benefit e.g. "65% refund, up to CHF 6,500". Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, the refund is subject to the maximum plan benefit, if one applies to your plan(s). All limits are per member, per Insurance Year, unless otherwise stated in your Table of Benefits.

4. Policy terms and conditions

Please note that cover for smaller groups is subject to underwriting i.e. cover may be excluded for pre-existing conditions, or a higher premium rate may apply to reflect the higher risk due to pre-existing medical conditions or additional risk factors. Cover is conditional upon acceptance of your application, which is only confirmed when an Insurance Certificate is provided. This Table of Benefits provides an outline of the cover we provide under each plan. Cover is subject to our policy terms and conditions which can be downloaded from our website.

If you have any queries, please do not hesitate to contact us:

Helpline

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The Underwriter of your VVG insurance is AWP P&C S.A., Saint-Ouen (Paris), Wallisellen branch (Switzerland), the Swiss Branch of AWP P&C S.A., Saint-Ouen, France, a limited company governed by the French Insurance Code. Registered in France: No. 519 490 080 RCS Paris. Swiss Branch registered in Zurich, registered No.:CHE-115.393.016, address: Hertistrasse 2, 8304 Wallisellen.

KPT Krankenkasse AG, Tellstrasse 18, CH-3000 Bern 22, registered BAG Nr. 376. KPT provides administration services inside Switzerland.

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