

Table of Benefits

Individual Policies

Valid from 1st January 2018

The following plans are only available for individual members. 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 Individual	Suisse Club Individual
Maximum plan benefit	CHF 2,925,000	CHF 1,950,000
In-patient benefits¹ - please refer to note 2 for more information on Treatment Guarantee		
Hospital accommodation ¹	Private room	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 7,800
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 Individual	Suisse Club Individual
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 person²	CHF 3,900	CHF 3,900
Travel costs of insured family members in the event of an evacuation²	CHF 2,600 per event	CHF 2,600 per event
Repatriation of mortal remains²	CHF 13,000	CHF 13,000
Travel costs of insured family members in the event of the repatriation of mortal remains²	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
Preventative surgery² In-patient and out-patient treatment.	CHF 39,000	CHF 26,000
Complications of pregnancy² In-patient and out-patient treatment. 10 month waiting period applies	Full refund	Full refund
Laser eye treatment Limited to one treatment per lifetime.	CHF 1,300 per lifetime	CHF 650 per lifetime
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	CHF 650
Palliative care²	Full refund	Full refund
Long term care²	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 Individual	Suisse Silver Individual
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 therapy²	Full refund	Full refund
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 Individual Plan only) 	CHF 1,040	CHF 780

Out-patient Plan Benefits	Suisse Gold Individual	Suisse Silver Individual
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
Prescribed drugs Must be prescribed by a physician, although a prescription is not legally required for purchase.	CHF 65	N/A

Maternity Plans

OPTIONAL

The Suisse Premier Maternity Plan can only be purchased with the Suisse Premier Individual Core Plan. The Suisse Club Maternity Plan can only be purchased with the Suisse Club Individual Core Plan. Please note that an Out-patient Plan must be selected in conjunction with a Maternity Plan. Maternity Plans are available to couples and families i.e. a spouse/partner must also be insured under the policy.

Maternity Plan Benefits	Suisse Premier Maternity	Suisse Club Maternity
Routine maternity ² In-patient and out-patient treatment. 10 month waiting period applies.	CHF 9,750 per pregnancy	CHF 6,500 per pregnancy
Complications of childbirth ² In-patient treatment. 10 month waiting period applies.	CHF 19,500 per pregnancy	CHF 13,000 per pregnancy

Dental Plans

OPTIONAL

Suisse Dental Plan 1 can only be purchased if both the Suisse Premier Individual Core Plan and Suisse Gold Individual Out-patient Plan have been selected. Suisse Dental Plan 2 can be purchased with any of the Core Plans. Neither Dental Plan can 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 Suisse Repatriation Plan can be purchased with any of the Core Plans. It cannot be bought separately.

Suisse Repatriation Plan Benefits	
Medical repatriation ² 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 choice of two different geographical areas of 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 as 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.
- Complications of pregnancy².
- Routine maternity² and complications of childbirth² (in-patient treatment only).
- Oncology² (in-patient and day-care treatment only).
- Preventative surgery²
- 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 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 also be downloaded from our website.

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

Helpline

English: + 353 1 630 1301
German: + 353 1 630 1302
French: + 353 1 630 1303
Spanish: + 353 1 630 1304
Italian: + 353 1 630 1305
Portuguese: + 353 1 645 4040
Fax: + 353 1 630 1306

individual.sales@allianzworldwidecare.com
www.allianz-assistance.ch/individual_family/healthcare

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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