AMB Assurances SA

Overview of supplemental insurance products pursuant to LCA/VVG

groupemutuel

Contents

Global supplemental insurance

Risk-bearing insurer: Groupe Mutuel Assurances GMA SA – Martigny

Global supplemental insurance combinations ideally supplement the compulsory health insurance by providing coverage for both medical care and hospitalisation costs.

☐ GB Global AMB

- can be taken out by persons who have compulsory health insurance (AOS/OKP) with the health insurance company AMB Assurances SA;
- **choice between two modules:**
  - **basic module:** extensive reimbursement of a number of benefits such as hospitalisation in a general ward in Switzerland, free choice of doctor throughout Switzerland, non-reimbursable drugs, transport costs, spa and convalescence cures, glasses, orthodontic and dental treatment for children, assistance abroad, health prevention (back school, check-up, annual dental check-up);
  - **"alternative medicine option" module:** coverage of costs, max. CHF 10,000 per year for natural therapies and alternative medicine;
- premium discounts of 25% on the basic module and 50% on the "alternative medicine option" module if the benefits paid (less the possible deduction amount) are less than CHF 150 during the reference period. Maternity benefits are not taken into account when calculating the entitlement to the discount;
- family bonus of 50% on the basic module and on the "alternative medicine option" module for children up to the age of 18 (or 25 if they live in the same household as at least one of their parents), if at least one of the parents has taken out their compulsory insurance (AOS/OKP) with the health insurance company AMB Assurances SA. The bonus is cancelled if these conditions are no longer met;
- family bonus of 80% on the basic module and on the "alternative medicine option" module for children up to the age of 18, if at least one parent has taken out their compulsory insurance (AOS/OKP) with the health insurance company AMB Assurances SA and hold Global AMB supplemental health insurance. The bonus is cancelled if these conditions are no longer met;
- when the above conditions are no longer met (termination of coverage giving entitlement to the discount), the insured person is no longer eligible for the discount on GB insurance;
- deductible of CHF 230 for the benefits of the "alternative medicine option" module, as of January 1 following the year in which the insured person reached the age of 18.

☐ GL Global, levels 1 to 4

- **choice between four different coverage levels:** GL 1, 2, 3 and 4;
- hospitalisation in a general ward in Switzerland;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- reimbursement of alternative medicine treatments, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses or correction, transport costs, assistance abroad; there are maximum coverage limitations depending on the coverage level;
- **choice of two deductibles:** CHF 0 or CHF 150.

☐ GM Global mi-privée

- eligibility up to the applicant's 55th birthday;
- the hospitals and doctors involved in the hospital stay must be recognised by the insurer;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- reimbursement of alternative medicine treatments according to the list, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses, transport costs, home help, vaccinations, assistance abroad;
- **three deductibles** for hospitalisation benefits: CHF 0, CHF 1,000 or CHF 3,000.

☐ GP Global privée

- eligibility up to the applicant's 55th birthday;
- the hospitals and doctors involved in the hospital stay must be recognised by the insurer (worldwide option available, with limited duration and coverage in accordance with the special conditions);
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- reimbursement of alternative medicine treatments according to the list, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses, transport costs, home help, vaccinations, assistance abroad;
- **three deductibles** for hospitalisation benefits: CHF 0, CHF 1,000 or CHF 3,000.

☐ GX Global flex

- eligibility up to the applicant's 55th birthday;
- **choice between two modules:**
  - **basic Hospiflex module:** the insured person must pay a contribution according to the chosen ward (CHF 0 in the general ward, CHF 400 per day, maximum CHF 4,000 per calendar year in the semi-private ward and CHF 600 per day, maximum CHF 5,000 per calendar year in the private ward), the hospitals and doctors involved in the hospital stay must be recognised by the insurer;
  - **supplemental Careflex module:** unlimited coverage for various outpatient services (alternative medicine, non-reimbursable drugs, transport costs, thermal or convalescence cures) and preventive medical services (fitness, check-ups, annual prophylactic dental check-up);
- **exclusions:** maternity coverage.

☐ GC Global confort, levels 1 to 4

- eligibility up to the applicant's 55th birthday;
- **choice between four different coverage levels:** GC 1, 2, 3 and 4;
- accommodation in a one or two-bed room in Switzerland (treatment as in the general ward);
- the hospitals and doctors involved in the hospital stay must be recognised by the insurer;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- reimbursement of alternative medicine treatments, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses or correction, transport costs, assistance abroad; there are maximum coverage limitations depending on the coverage level;
- **Choice of two deductibles:** CHF 0 or CHF 150.

☐ GF Global famille

- coverage for the whole family including, in particular, reimbursement of alternative medicine treatments, thermal and convalescence cures, non-reimbursable drugs, glasses and contact lenses, transport costs and emergency medical care abroad;
- specific services for children (ages 0 to 18), such as hospital accommodation for a parent (baby care), participation in annual sports fees, lump-sum benefit if the child is disabled or dies in an accident;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- a family bonus of 20% is granted on the premium of the second child up to the age of 18 if at least one of the parents has contracted compulsory health insurance and one of the following products: SC, HC, GL, GF, and if the first child has contracted GF insurance; this discount is cancelled once the qualifying criteria are no longer met.

☐ GT Global temporis

- option to immediately contract "Global" insurance coverage, for a temporary and limited cover, at a reduced premium (valid for GL, GM, GP and GC coverage);
- possibility to contract such coverage at a later date without a new medical exam.

☐ GO Global smart, levels 1 to 3

- **choice between three coverage levels:** GO 1, 2, 3;
- for Levels 1 and 2, admission is possible without age limit. For Level 3, up to the applicant's 70th birthday;
- hospitalisation in facilities in a general, semi-private or private ward in Switzerland, according to the chosen level;
- the hospitals and doctors involved in the hospital stay must be recognised by the insurer;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect , subject to previous equivalent coverage with GMA SA or another insurer;
- for the three levels of benefits, reimbursement of alternative medicine treatments according to the list, non-reimbursable drugs, glasses and contact lenses, transport costs, home help and preventive benefits (fitness, check-ups, vaccinations); there are maximum coverage limitations depending on the coverage level;
- coverage of dental treatments as well as thermal and convalescence cures in Switzerland for levels 2 and 3; there are maximum coverage limitations depending on the coverage level;
- reimbursement of emergency hospitalisation worldwide for the three levels (outpatient treatment and hospitalisation for treatments recognised under LAMal/KVG, transport costs, repatriation, search and rescue, visit of a family member) up to CHF 100,000 per year;
- for an additional premium, insureds with level 3 coverage may contract the option "Emergency hospitalisation abroad upgrade option" which entitles the insured person to additional reimbursement of treatment and room and board up to CHF 3,000 per day, for no more than 60 days per calendar year;
- **choice of two deductibles:** CHF 0 or CHF 500 (insured persons with level 3 may also opt for a CHF 1,000 deductible);
- the insured person may cancel the insurance after three years, for the end of a calendar year, subject to a one month notice period.

Supplemental health insurance

Supplemental health insurance offers a number of benefits that are not reimbursed by compulsory health insurance.

☐ SC Supplemental health insurance, levels 1 to 4

- **choice between four different coverage levels:** SC 1, 2, 3 and 4;
- access to many benefits such as non-reimbursable drugs, alternative medicine according to the list, thermal and convalescence cures, glasses and contact lenses, transport costs, home help, vaccinations; there are maximum coverage limitations depending on the coverage level;
- **choice of two deductibles:** CHF 0 or CHF 50.

☐ SD Premium supplemental health insurance 2024 edition

- eligibility up to the applicant's 70th birthday;
- comprehensive and generous coverage for outpatient treatment such as non-reimbursable drugs, alternative medicine and dental care. Coverage of a number of day-to-day expenses (glasses, transport costs, medical aids and devices, contraception, membership for sports activities,...);
- prevention benefits, such as vaccines, check-ups, ultrasounds and mammograms, preventive gynaecological exams and fitness centres;
- extensive coverage for transport costs, home help and orthodontics for children up to 18 years;
- discount for child premiums if at least one parent has signed up to Premium insurance.

☐ SO Optimum supplemental health insurance

- optimum coverage for outpatient treatments at all stages of life, such as care for sick children at home, non-reimbursable drugs, transport and rescue costs, alternative medicine, dental care and home help,
- coverage of a number of day-to-day expenses (glasses, medical aids and appliances, membership for sports activities) and innovative services such as scar correction, correction of protruding ears or participation in the cost of outpatient surgery (comfort, hotel, taxi, meals on wheels, etc.),
- preventive benefits: vaccines, check-ups, preventive gynaecological examinations, mammograms, ultrasounds, fitness and other preventive measures,
- discount for child premiums if at least one parent has signed up to Optimum insurance,
- a choice of two deductibles: CHF 0 or CHF 150

☐ SA Alterna health insurance

- reimbursement up to 80% of the costs of the following alternative medical treatments given by FMH doctors;
- recognised therapies: acupuncture, auriculotherapy, bio-energetics, biotherapy, electroacupuncture, etiopathy, homeopathy, medical hypnosis, magnetotherapy, anthroposophical medicine, Chinese medicine, mesotherapy, orthobionomy, osteopathy, phytotherapy, rebirthing, sophrology, EMDR therapy (Eye Movement Desensitization and Reprocessing), neural therapy and autogenic training;
- reimbursement of alternative medicine medication, up to CHF 2,000 per year;
- combination discount for persons having contracted at least one of the following insurance products: GC, GF, GL, GM, GO (levels 2 and 3) GP, GS, GX (incl. "Careflex option"), SC 2, 3 and 4, SD, SO; this discount is cancelled once the qualifying criteria are no longer met.

☐ SP Vitalis insurance

- eligibility up to the applicant's 60th birthday;
- the same premium for all insured persons;
- reimbursement of thermal and convalescence cures, home help, transport and rescue, auxiliary appliances, preventive medical services (e.g. check-up) and palliative treatment;
- 10% participation in the cost of auxiliary appliances, cures and means of prevention.

Hospitalisation insurance

Supplementing compulsory health insurance, hospitalisation insurance gives you access to improved comfort and higher coverage in Switzerland and abroad.

☐ HC Supplemental hospitalisation insurance, levels 1 to 4

- eligibility up to the applicant's 60th birthday;
- **four different coverage levels:** HC 1, 2, 3 and 4:
  - general ward throughout Switzerland (level 1);
  - semi-private ward throughout Switzerland (level 2);
  - private ward throughout Switzerland (level 3);
  - private ward worldwide (level 4), with limited duration and coverage in accordance with the special conditions;
- the hospitals and doctors involved in the hospital stay must be recognised by the insurer;
- hospitalisation benefits for pregnancy and childbirth are subject to a non-availability period of 12 months from the date the contract comes into effect;
- **a choice of three deductibles for levels 2, 3 and 4:** CHF 0, CHF 1,000 or CHF 3,000.

☐ HB Supplemental hospitalisation insurance H-Bonus

- eligibility up to the applicant's 60th birthday;
- the insured chooses to stay in a general, semi-private or private ward upon being admitted to hospital;
- the hospitals and doctors involved in the hospital stay must be recognised by the insurer;
- the insured person's contribution to costs depends on the ward (CHF 0 in a general ward, CHF 100 per day, maximum 30 days per calendar year in a semi-private ward and CHF 200 per day, maximum 20 days per calendar year in a private ward);
- hospitalisation benefits for pregnancy and childbirth will only be paid after a non-availability period of 12 months;
- bonus system: two premium scales (80% and 100%) apply. Upon joining the insurance, the premium is equivalent to 80% of the ordinary premium. If an insured is hospitalised in a private or semi-private ward, the premium for the calendar year following the reference period will be equivalent to 100% of the ordinary premium, and this for three years.

☐ HS Hôpital senior, classes 1 to 4

- supplemental hospitalisation benefits for persons over 55, without maximum age limit;
- premiums, which are the same for both men and women, are graduated by age. The index is 100 until age 55 included, and increases by 7 points for each additional year thereafter; the reference age is the insured's age on his birthday in the calendar year.
- **four different coverage levels:** HS 1, 2, 3 and 4
  - accommodation in 2-bed rooms, general wards treatment (class 1);
  - accommodation in 1-bed rooms, general wards treatment (class 2);
  - 2-bed rooms, treatment in semi-private ward (class 3);
  - 1-bed rooms, treatment in private ward (class 4);
- the hospitals and doctors involved in the hospital stay must be recognised by the insurer;
- exclusions: maternity coverage.
- **a choice of three deductibles for levels 3 and 4:** CHF 0, CHF 2,000 or CHF 5,000.

☐ KH Lump-sum benefit insurance for hospitalisation H-Capital

- **choice of 11 annual** lump-sum benefits designed to cover the costs of acute inpatient hospitalisation lasting more than 24 hours, or less than 24 hours during which a bed is occupied overnight;
  - CHF 300
  - CHF 500
  - CHF 600
  - CHF 900
  - CHF 1,000
  - CHF 1,200
  - CHF 1,500
  - CHF 2,000
  - CHF 2,500
  - CHF 3,000
  - CHF 3,500
- **exclusions:** maternity coverage, outpatient treatment, hospitalisation for treatments not recognised by LAMal/KVG, semi-hospitalisation or hospitalisation exclusively covered by the LAA/UVG (compulsory accident insurance), AI/IV (disability insurance) or LAM/MVG (military insurance).

☐ BH Daily cash benefit in case of hospitalisation

- eligibility up to the applicant's 60th birthday;
- to help you cope with the financial difficulties resulting from hospitalisation;
- benefits up to CHF 200 per day;
- limited hospitalisation benefits (max. 90 days per year);
- entitlement to insurance benefits comes into effect after a 6 month non-availability period. For maternity cases, benefits are first paid after a 12 month non-availability period;
- after payment of 360 cash benefits over a period of four calendar years, the entitlement to benefits is extinguished and coverage ceases.

Insurance for travel and emergency medical care abroad

In the event of an emergency, your health and accident insurance is valid worldwide.

☐ MU Mundo insurance

- health and accident insurance coverage valid worldwide;
- reimbursement of costs, up to CHF 100,000 per year, for in- and outpatient treatment, transport required by the member's medical condition, repatriation, search and rescue;
- **exclusions:** voluntary treatment abroad, illnesses already being treated and not yet stabilised at the time of departure abroad, and personal expenses (drinks, telephone charges, etc.);
- combination discount for persons having contracted at least one of the following insurance products: GC, GF, GG, GL, GM, GO, GP, GS, GX, HB, HC (levels 2, 3 and 4), HS, SC, SD, SO; this discount is cancelled once the qualifying criteria are no longer met.

Dental insurance

Dental insurance covers dental treatment by dentists and orthodontists.

☐ DP "Dentaire plus" dental care coverage

- **3 different coverage levels:** 1, 2 and 3;
- eligibility up to the applicant's 60th birthday;
- **DP1 to DP3:** reimbursement of dental care and treatment, including orthodontics, and a contribution of CHF 75 to an annual prophylactic checkup and laboratory costs;
  - DP1: 75% of invoiced costs based on the LAA/UVG tariff, up to CHF 1,000 per calendar year (level 1);
  - DP2: 75% of invoiced costs based on the LAA/UVG tariff, up to CHF 3,000 per calendar year (level 2);
  - DP3: 75% of invoiced costs based on the LAA/UVG tariff, up to CHF 15,000 per calendar year (level 3);
- for all coverage levels, dental benefits are paid only after a non-availability period of 3 months, from the date the contract comes into effect, for all dental treatments and 12 months for prosthetic surgery. Accident benefits are payable immediately;
- **exclusions:** teeth already missing or replaced when coverage starts, treatments occasioned by an accident that occurred before coverage started, treatments for which LAA/UVG (compulsory accident insurance), LAI/IVG (disability insurance), LAM/MVG (military insurance) or a third party are liable, and treatments which were already anticipated when the insurance application was filed;

Supplemental accident insurance

In addition to health, accident and disability compulsory insurance, we offer coverage to suit every stage of your life.

☐ AB Acrobat, accident insurance for ages 0 to 18

- eligibility up to the applicant's 18th birthday;
- for the age bracket from 0 to 18 years, one standard premium is applicable to all coverage levels;
- **3 different coverage levels worldwide:**
  - **Acrobat^{eco}:** hospitalisation in private ward in Switzerland, free choice of specialist, support for remedial classes, plastic surgery, home help, reimbursement of unused sports membership, transport costs, search and rescue costs;
  - **Acrobat^{light}:** outpatient treatments and hospitalisation in general wards in Switzerland, lump-sum in case of disability (up to CHF 700,000) or death (CHF 10,000), support for remedial classes, plastic surgery, home help, reimbursement of unused sports membership, transport costs, search and rescue costs;
  - **Acrobat^{standard}:** hospitalisation in private ward in Switzerland, free choice of specialist, capital lump-sum benefit in case of hospitalisation (CHF 500), disability (up to CHF 700,000) or death (CHF 10,000), Groupe Mutuel Assistance emergency coverage in Switzerland and abroad, financial support for remedial classes, plastic surgery, home help, reimbursement of unused sports membership, transport costs, search and rescue costs;
- Persons holding Acrobat^{light} and Acrobat^{standard} coverage will be automatically transferred to ProVista (ID) insurance, under the variant offering the same insured amounts, on 1January following their 18th birthday.
- Persons holding Acrobat^{eco} coverage will be automatically transferred to ActiVita (AJ) insurance on 1 January following their 18th birthday.

☐ AJ ActiVita, accident insurance from age 18

- eligibility up to the applicant's 60th birthday;
- **in Switzerland and abroad:** inpatient treatment in private ward, free choice of specialist, reimbursement of search, rescue and emergency transport costs, repatriation, and round-the-clock legal assistance (call centre);
- **in Switzerland:** inpatient treatment for rehabilitation, transport for medical treatment (CHF 1,500 per case), plastic surgery (CHF 60,000 per case), caretaking of your home (CHF 1,500 per case), and reimbursement of a sports membership (CHF 500 per case);
- **exclusions:** professional sports and hazardous activities within the meaning of the LAA/UVG (accident insurance).

Daily allowance benefits

Daily allowance benefits paid in case of accident or hospitalisation protect you against the financial consequences of an unexpected loss in earnings.

☐ PI Individual daily allowance insurance

- eligibility from age 15 and up to the insured person's 55th birthday;
- the contract expires on 31 December of a calendar year, the term is indicated in the insurance policy;
- upon termination of the contract and unless it is terminated by registered letter no later than 30 September of the current calendar year, it will be automatically extended from year to year;
- other reasons for termination are listed in Article 7 of the general terms and conditions of insurance;
- attractive coverage for illness and/or accident risks;
- term of benefits specified in the policy (e.g. 730 calendar days);
- choice of waiting periods;
- in the event of total or partial incapacity to work, the insurer must be notified within 15 days of the date the insured person stops working, and a medical certificate must be provided;
- limitation of entitlement to benefits: all cases referred to in Article 14 of the general terms and conditions of insurance.

☐ AM Sekunda, daily allowance for incapacity for housework

- eligibility from age 18 and up to the insured's 55th birthday;
- daily allowance paid in the event of incapacity for housework due to an accident; illness and maternity are excluded from the coverage;
- daily allowance of up to CHF 50 per day;
- allowance paid based on a medically confirmed incapacity for housework; if the incapacity for housework is lower than 25%, no benefits will be paid;
- 15 day waiting period,
- allowance paid for a maximum of 365 days for one or more cases of incapacity;
- in addition to termination according to the General Terms and Conditions, the contract ends at the end of the month coinciding with the insured person's 65th birthday and/or when benefits are exhausted.

Legal protection insurance

Risk-bearing insurer:
Groupe Mutuel Assurances GMA SA - Martigny

Claims management company:
Dextra Protection juridique SA – Zurich

☐ LJ Legis[priva] personal legal protection

- open to all Swiss residents (natural persons);
- territorial validity varies depending on insured risks, jurisdiction and governing law e.g. Switzerland, EU/EEA and Europe;
- contract ends at the death of the insured, if he moves abroad, in case of termination by the insured or GMA SA;
- after each claim, the insured or GMA SA are entitled to terminate the contract;
- **family bonus** for children under 25 and other persons cohabiting with an adult who has contracted Legis[priva] policy;
- legal assistance by Dextra Protection juridique SA and payment, up to CHF 250,000 per legal case, covering the costs according to the exhaustive list mentioned in the General Terms and Conditions of insurance (Article 12), namely: lawyer's fees and expenses, expert's fees, travel expenses in case a court summons is over CHF 100, etc.
- 3 month non-availability period for disputes arising from contracts, property and neighbourhood law and for legal advice in connection with personal law, family law (excluding divorce) and inheritance law. The non-availability period does not apply if the insured person was previously insured for the same risk with another insurance company, provided coverage was not interrupted;
- restricted to the intervention of the legal department of Dextra Protection juridique SA if the litigation value is less than CHF 2,000. External costs will, however, be covered if the insured person is sued in court and the opposing party is represented by a lawyer;
- **coverage:** private individuals, employees, tenants and contractual parties;
- **insured risks:** personal liability law, insurance law, labour law (for employees, up to a litigation value of CHF 100,000, proportionate coverage for higher amounts in accordance with General Terms and Conditions of insurance), leases (as a tenant), construction contracts (with regard to insured buildings, limited to total construction costs of CHF 100,000 for works subject to official authorisation), consumer and contract law (see exhaustive list in General Terms and Conditions, i.e. purchase/sales contracts, leases, leasing, consumer credits, credit cards, package deal trips), criminal and administrative law (especially for the insured's defence in offences committed by negligence), property and other real rights (in disputes about service obligations and property charges filed with the land registry and disputes concerning property lines), condominium rights (regarding the apportionment of common costs between co-owners), disputes between neighbours (for owners, in disputes with direct neighours in accordance with the exhaustive list referred to in the General Terms and Conditions), personal rights, family law (excluding divorce), inheritance law (benefits limited to one legal consultation of max. CHF 500 per dispute);
- **risks and expenses not insured, restrictions and exclusions:** see detailed description in Articles 13, 14 and 18 of the General Terms and Conditions of Insurance. Main exclusions: disputes of the insured in his capacity as employer, patient, buyer or owner, borrower, renter or driver of motor vehicles, lessor, etc., disputes arising in connection with the purchase and sale of buildings and land, mortgages, tradesmen's liens, gainful self-employed activities, debt collection, defence in personal liability disputes brought against the insured, disputes in connection with participation in brawls, fights, deliberate crimes or attempted deliberate crimes, disputes in connection with acts of war, riots, strikes, earthquakes and other natural disasters, and changes in atomic structure. Furthermore, the insurance does not cover the damages suffered

by an insured person as well as the expenses to be borne by a third-party or by a liability insurance, as well as any fines to which the insured person was convicted. There are coverage restrictions, including on disputes between neighbours.

☐ LJ Legis[strada] mobility legal protection insurance

- open to all Swiss residents (natural persons);
- territorial validity varies depending on insured risks, jurisdiction and governing law e.g. Switzerland, EU/EEA and Europe;
- contract ends at the death of the insured, if he moves abroad, in case of termination by the insured or GMA SA;
- after each claim, the insured or GMA SA are entitled to terminate the contract;
- **family bonus** for children under 25 and other persons cohabiting with an adult who has contracted a Legis[strada] policy;
- legal assistance by Dextra and payment, up to CHF 250,000 per legal case, covering the costs according to the exhaustive list mentioned in the General Terms and Conditions of insurance (Article 12), namely: lawyer's fees and expenses, expert's fees, travel expenses in case a court summons is over CHF 100, etc.
- restricted to the intervention of the legal department of Dextra Protection juridique SA if the litigation value is less than CHF 2,000. External costs will, however, be covered if the insured person is sued in court and the opposing party is represented by a lawyer;
- three month non-availability period without coverage for disputes arising from contracts, The non-availability period does not apply if the insured person was previously insured for the same risk with another insurance company, provided coverage was not interrupted;
- **coverage:** authorised drivers of any vehicle engaged in road traffic, owners and holders of licenced vehicles, pedestrians, cyclists (including in-line skating, scootering and skateboarding) on public highways, passengers of any means of transport, driving licence holders;
- **insured risks:** criminal and administrative law (especially for traffic offences arising from negligence and administrative procedures in connection with driving licences), personal liability, insurance law, contract law with regard to licensed vehicles of the insured person (with regard to the following exhaustive list: purchase/sales contracts, leasing, maintenance and repairs, borrowing and lending);
- **risks and expenses not insured, restrictions and exclusions:** see detailed description in Articles 13, 14 and 20 of the General Terms and Conditions of Insurance. Main exclusions: disputes arising in connection with commercial contracts, disputes relating to events which occurred when the insured was driving a vehicle without the necessary licence, defence in personal liability claims filed against the insured by third parties, disputes in connection with active participation in races or other motor vehicle competitions, disputes arising in connection with participation in brawls, fights, deliberate crimes or attempted deliberate crimes, disputes in connection with acts of war, riots, strikes, earthquakes and other natural disasters, and changes in atomic structure. Furthermore, the insurance does not cover the damages suffered by an insured person as well as the expenses to be borne by a third-party or liability insurance, as well as any fines to which the insured person was convicted, the cost of blood tests or similar tests as well as any medical exams decided within a criminal investigation or by an administrative body, and driver education fees decided by an administrative or legal body.

☐ LJ Legis[duo] combined personal and mobility legal protection insurance

- open to all Swiss residents (natural persons);
- Legis[duo] combines the benefits of Legis[priva] and Legis[strada] under the relevant terms and conditions for each product.

☐ LS Legis[sana+] legal protection insurance for patients

- any natural person domiciled in Switzerland may apply for insurance,
- the contract terminates on the death of the insured, in the event of transfer of domicile abroad, or on termination by the insured or by GMA SA;
- after each claim, the insured or GMA SA is entitled to withdraw from the contract;
- the premium is the same for persons aged from 0 to 18 and from 19 to 99;
- there is a three-month waiting period before benefits are paid for disputes arising from cosmetic procedures,
- legal assistance from Dextra Legal Protection SA and reimbursement of costs for actions and steps taken in connection with disputes as a patient arising from:
  - violation of health data protection law;
  - an error in diagnosis or medical treatment;
  - damage suffered as a result of defective aids or medication.

  In particular, the costs of lawyers' and other legal representatives' fees, expert appraisals, court fees, etc. are covered, up to a maximum of CHF 500,000 per case (in Switzerland), and CHF 50,000 per case (outside Switzerland),
- **non insured risks:** as described in detail in Art. 6 of the special terms and conditions of insurance.

  The main exclusions concern treatment provided by healthcare providers whose activities have not been approved by the health authorities,
  - psychiatric or psychotherapeutic treatments ;
  - bariatric surgery performed outside Switzerland;
  - disputes over fees or invoices;
  - disputes with Dextra or with lawyers, experts, etc. mandated in a case authorised by Dextra, as well as disputes with companies of Groupe Mutuel Holding SA, Fondation Groupe Mutuel and/or companies linked to Groupe Mutuel Services SA by a service contract.

Whatever the circumstances, the French version of the Special Terms and Conditions of Insurance shall prevail.

Pensions and lump-sum benefits

Risk-bearing insurers: Groupe Mutuel Assurances GMA SA – Martigny, for ProVista (ID), ProVista^{light} (AD) and KidsProtect (KP) insurance

Groupe Mutuel Vie GMV SA – Martigny, for PrimaCapital (IC)

Protection of the family and prevention of the financial consequences of disability or death as a result of an accident or illness, through the payment of a lump-sum or a pension allowance.

☐ ID ProVista ☐ AD ProVista^{light}

Lump-sum benefits in case of accidental disability and/or death

- Two different coverage levels:
  - ProVista: lump-sum benefit in case of disability or death
  - ProVista^{light}: lump-sum benefit in case of death only;
- eligibility up to the applicant's 65th birthday;
- premiums are graduated by age bracket and insured capital;
- choice between different lump-sum benefit combinations up to a ceiling of CHF 200,000 in case of death and of CHF 400,000 in case of disability caused by an accident (progressive up to 350% according of the rate of disability);
- or children, payment of a lump-sum benefit in case of death of up to:
  - CHF 2,500 before the age of two years and six months;
  - CHF 20,000 from the age of two years and six months up to the age of 12 years
  - compensation of up to CHF 20,000 if the accident has caused serious and permanent aesthetic damage,
- limitation of the insured amounts when the insured person reaches the age of 70 (CHF 10,000 in the event of death and CHF 30,000 in the event of disability).

☐ IC PrimaCapital

Lump-sum benefit covering death and disability caused by illness or accident

- This insurance does not have a cash surrender or reduction value.
- Two different coverage options:
  - illness and accident coverage or
  - illness coverage only
- eligibility up to the insured's 55th birthday;
- the policyholder may terminate the contract as from the second insurance term;
- end of insurance: at the latest on the last day of the month coinciding with the insured person's 65th birthday;
- protection against the financial consequences of death or disability (need for care up to the age of 18) caused by illness or accident;
- payment of a capital sum benefit of maximum CHF 100,000 designed, for example, to purchase costly appliances and equipment and to hire professional help;
- **exclusion** in case of damages deliberately caused by the policyholder or the beneficiary.

KidsProtect provides financial support to families with children suffering from cancer. A monthly allowance is paid to the parents from the start of the treatment.

☐ KP KidsProtect, pension allowance for ill children

- open to all Swiss residents under age 17 who do not have or have never had cancer;
- monthly benefit of CHF 4,000 (maximum 15 pension payments over a period of 60 months), if the insured child gets cancer;
- pension payable provided the child is undergoing treatment within the meaning of the Special Terms and Conditions of insurance (Article 2);
- free use of the pension amount with no need for substantiation;
- a uniform premium, regardless of the child's age or gender;
- no deductible;
- **non-availability period:** coverage commences three months after the effective date indicated on the insurance policy;
- **exclusions:** in particular cancers which occur or are medically declared before the contract is concluded or in the 3 months after it becomes effective, and cancers diagnosed in HIV-positive insured persons;
- the insurance contract and entitlement to benefits cease: at the end of the calendar year coinciding with the insured person's 17th birthday subject to any entitlement in respect of current claims; 60 months after the insured is diagnosed with cancer or when the entitlement to benefits is exhausted, whichever occurs first.

Important information

The key points are summarised below. Further rights and obligations arise from the general and special terms and conditions of insurance as well as from the LCA/VVG.

Insurance proposal

When an insurance proposal is sent out, this is not a request for an offer; it constitutes a formal declaration of the applicant's intention to take out one or more insurance contracts. The applicant remains bound to the insurer in accordance with the provisions of Article 1 LCA/ VVG, i.e. for 14 days, or four weeks if medical information is required. The applicant may cancel the proposal within 14 days of the application to conclude the contract. The deadline is met if the notice of cancellation is sent by post (or by any other means that can be proved by a written text made available to the insurer, with the exception of social networks), at the latest on the last day of the deadline.

The insurer is free to accept the proposal, with or without exclusions, or to refuse it.

Each insurance product is defined by appropriate special terms and conditions and is subject to an individual and separate contract.

Minimum term of insurance

The minimum term of supplemental insurance is three years, except for Alterna, Mundo, Legis^{sana+} insurance, for which the minimum contract period is one year.

The expiry date of the individual PI daily allowance insurance is indicated in the policy.

Save termination for the end of the minimum term, coverage is automatically renewed from one year to the next.

End of insurance contract

The policyholder is entitled to terminate the contract:

- for the end of a calendar year, subject to three months' notice (one month for GO insurance), at the earliest at the end of the minimum insurance period;
- the refusal of one or several products in the insurance application, or any medical exclusions issued for one or several products, does not justify the withdrawal from other products accepted by the insurer;
- after each case of damage or loss paid by the insurer, no later than 10 days after learning that the indemnity was paid. Insurance coverage expires 14 days after notice of termination to the insurer;
- in the event of a premium increase (including due to a change in age group), within 30 days of receiving the policy or being notified of the increase;
- if the insurer infringes its obligation to inform, in accordance with Article 3a LCA/VVG.
- for good reasons within the meaning of Art. 35b LCA/VVG;

The insurer may terminate the contract:

- if the insured fails to disclose, or falsely declares, an important fact (false statement/non-disclosure);
- for good reasons within the meaning of Article 35b LCA/VVG;
- for Legis^{priva}, Legis^{strada} and Legis^{duo}, the insurer may terminate the contract at the latest on payment of the claim.

The insurance contract and entitlements to benefits cease:

- at the death of the insured;
- in case of transfer of residence abroad, at the date of departure from the Swiss territory notified to the relevant cantonal or municipal authorities.

Eligibility

Eligibility for insurance may be subject to certain conditions (e.g. pre-existing illnesses, medical examination, applicant's age, etc.).

Premiums

As a rule, premiums are staggered according to gender, geographical area and age groups, as follows (unless otherwise stipulated in the special terms and conditions of insurance):
0 to 18, 19 to 25; from age 26 to age 70, groups are graduated in five-year brackets. A single age group applies to the 71 to 99 age bracket.
An insured person who reaches the last year of his age group is automatically transferred into the next age group at the beginning of the following calendar year. Like Mundo, Legis and Dentaire plus, certain products have a different premium structure.
The premium for the chosen product is specified in the insurance proposal, the offer and the insurance policy. If the premium is subject to change before coverage becomes effective, it will be stated in the policy.
Family bonuses are cancelled when the qualifying criteria are no longer met; the normal premium then applies.

Obligations of the insured

Obligation to reduce damages

In case of illness or injury, the insured must promptly undergo appropriate treatment. He is required to obey his doctor's instructions and avoid anything liable to worsen his condition.
Before treatment, the insured needs to make sure that the chosen therapy, health care provider or the facility where he is to be treated are approved by the insurer. Voluntary changes in therapy or practitioner in the course of a treatment are subject to the insurer's prior consent.

Obligation to notify – time limits

- if the insured is admitted to a hospital or clinic, the insurer must be notified within 5 days at the latest. If the insurer is required to guarantee coverage, it must be notified before admission;
- applications for approval of thermal and convalescence cures must be submitted to the insurer together with the medical prescription at least 20 days before the start of the cure;
- the insured or the beneficiary must notify accidents to the insurer promptly, within 10 days at the latest;
- any changes (name, first name, gender, marital status, place of residence, email address, telephone) as well as any deaths must be reported to the insurer as quickly as possible;
- for Legis^{sana+}, Legis^{priva}, Legis^{strada} and Legis^{duo}, claims must be declared as quickly as possible to Dextra Protection juridique SA.

Obligation to cooperate

Insureds must provide the insurer with complete and truthful information about the insured event (illness, accident, maternity or litigation) and any prior illnesses and accidents.
The insurer is entitled to make its own investigations and is authorised to contact third parties for that purpose. The insured person expressly authorises healthcare providers who provided treatment for the illness or accident, or on other occasions, to communicate the requisite information to the insurer's medical advisor so that he may appraise the case. To that effect, the insured shall release healthcare providers from their professional secrecy obligation.

Payment of premiums, deductibles and coinsurance

Unless otherwise agreed (with an administrative surcharge), premiums are payable annually in advance and deductibles and coinsurance amounts are payable within 30 days of invoicing. In case of non payment after one reminder, the insurer may suspend the insured's entitlement to benefits. Even if the premium is subsequently paid, the insured cannot claim benefits for events which occurred during the suspension.

Start of contract and insurance coverage

The insurance contract is concluded as soon as the insurer notifies the insured that it has accepted the proposal.
Coverage commences on the effective date indicated on the insurance policy.
Notwithstanding, the qualifying and waiting periods specified in special rules are applicable.

Non-availability periods

Some benefits are subject to non-availability periods which start running from the occurrence of the insured event giving rise to the entitlement to benefits.
Other benefits are subject to non-availability periods which start running from the effective date of the relevant insurance policy.

Change in coverage

The proposal for increased coverage of an insured risk (e.g. decrease in deductible or higher insured amount) within the same product is regarded as a proposal for a new insurance contract within the meaning of Article 1 LCA/VVG. The insurer reserves the right to accept or refuse the proposal and to decide restrictions in accordance with the conditions and time limits set out in Article 1 LCA/ VVG. Contractual terms such as termination notice and waiting periods shall start to run anew and no acquired rights will be taken over from the earlier contract.

Type of insurance and scope of coverage

The insurance products AJ, DP, GL, GM, GP, GX, GC, GF, GO, HB, HC, HS, LJ, LS, SA, SC, SD, SP and PI, fall within the scope of indemnity insurance and shall compensate for the actual loss suffered up to the amount of the insured benefits.
The insurance products AD, AM, BH, ID, KH and KP fall within the scope of fixed-sum insurance which provides for the payment of the sum specified in the policy, regardless of the actual loss suffered.
The benefits of MU insurance fall within the scope of indemnity insurance, except for the lump-sum amount in the event of death.
The benefits of AB insurance fall within the scope indemnity insurance, except for the lump-sum amounts in the event of hospitalisation, disability and death.
The benefits of IC insurance fall within the scope indemnity insurance, except for the lump-sum amount in the event of death.
The amounts, percentages, time limits and reimbursement conditions (e.g. medical prescription) are described in the special terms and conditions for each product, and in the synoptic table of products. Hospitalisation insurance benefits are granted

only for hospital facilities recognised by the insurer. For stays in hospital facilities not recognised by the insurer, benefits may be restricted, or even denied. The relevant criteria are set out in the special terms and conditions of each product. In any event, before any hospital stay, it is the insured's duty to enquire whether the hospital is recognised by the insurer.

GL, GM, GP, GX, GC, GF, HC, HB, HS and AJ insurance products contain restrictions on the reimbursement of benefits, either for hospitalisation in psychiatric facilities, for rehabilitation treatments or in case of emergency treatment abroad.
For GM, GP, GC, HC and HS insurance products, benefits are limited to 90 days for hospitalisation in a general ward. This limitation is extended to 180 days for persons insured with semi-private or private ward with GO insurance. Legis^{sana+}, Legis^{priva}, Legis^{strada} and Legis^{duo} policies stipulate limited amounts and expenses. Legis^{sana+}, Legis^{priva}, Legis^{strada} and Legis^{duo} are subject to territorial limits and stipulate litigation values.

Recognised facilities and doctors in the case of a hospital stay in a semi-private or private ward

The insurer will pay the costs of recognised facilities or doctors.
If an insured person receives benefits from a non-recognised facility, the hospital benefits are limited to the amounts listed in Annex A to the special terms and conditions of insurance

The list of healthcare providers is available on the insurer's website. The list valid at the time of treatment is decisive.
The list can be changed by the insurer at all times.

Therapists, cure facilities and health promotion measures approved by Groupe Mutuel

Links and practical criteria are are available on the insurer's website or can be sent to the policyholder or the insured person upon request.
Links and criteria are related to the following areas:

- alternative medicine treatments
- non-doctor psychotherapists and independent psychologists
- convalescence cures
- thermal cures
- alcohol and tobacco detoxification cures
- fitness centres
- back exercise school

Benefits are covered depending on type of insurance and level of coverage.
The insurer can change the criteria for the approval of facilities at any time.
Such modifications do not entitle policyholders to terminate the contract.

Exclusions

Coverage is excluded for:

- illnesses and accidents and their sequels existing before the insurance contract was concluded or occurring after the contract expires;
- illnesses and accidents which are the fault of the insured, and the consequences of illnesses and accidents which are the fault of the insured, such as: attempted suicide, mutilation, alcoholism, substance- abuse, drug-abuse, sex changes, hazardous activities, participation in brawls and fights, etc.;
- in the event of traffic accidents in which the insured person has a blood alcohol level that constitutes a serious offence under the Road Traffic Act;
- the consequences of events of war abroad, unless such events catch the insured by surprise in the country where he is staying and provided the illness or accident occurs no more than 15 days after the beginning of the events;
- other exclusions in respect of specific products. An exhaustive list of exclusions is contained in the general and special terms and conditions of insurance. If the loss was caused by gross negligence on the part of the insured, the insurer's liability shall be reduced proportionately.

Agents of Groupe Mutuel

Groupe Mutuel authorised agents hold an accreditation card to be presented at each meeting.

Data protection

Personal and sensitive data

Groupe Mutuel Services SA processes the personal and sensitive data of the policyholder, the insured person, and where applicable their beneficiaries or related persons (hereinafter: persons concerned) on behalf of Groupe Mutuel Assurances GMA SA, your insurer. Data processing is entrusted to Groupe Mutuel Services SA (hereafter: Groupe Mutuel), a company under Groupe Mutuel Holding SA. Both companies are subject to the Federal Law on Data Protection (LPD/DSG).
Personal data refers to information relating to the persons concerned, whether identified or identifiable, including the administrative management of the insurance contract. Sensitive data refers in particular to information relating to the state of health of the concerned persons and claims. The following categories of personal and sensitive data are processed: identification and contact data relating to the persons concerned; data relating to the invoicing of benefits; data relating to the benefits provided or to the operation of products and services or their use, in particular when using online services. This data is declarative, i.e. Groupe Mutuel may collect it from the persons concerned when they express an interest and/or subscribe to products and services that it offers or distributes, and may come from third parties, other services or public information where authorised.

Legal basis

Groupe Mutuel shall process the personal and sensitive data of the persons concerned and implement the processing operations according to the following legal grounds: the consent of the persons concerned, respectively the express consent for sensitive data; the legal provisions applicable to the activities of Groupe Mutuel (including the LPD/DSG); the contract concluded between Groupe Mutuel and the persons concerned; the overriding public interest or the overriding private interest of Groupe Mutuel or the persons concerned and subject to the express consent of the person concerned, within the meaning of the LPD/DSG.

Purposes
The personal and sensitive data of the persons concerned is processed by Groupe Mutuel for the following purposes: for the negotiation and conclusion of insurance contracts, and in particular to assess the risks to be insured, for the performance of insurance contracts and in particular to process claims, ensure the administrative, statistical and financial follow-up of the contract, to enable the management of Groupe Mutuel's insurance activities (internal and external audit, etc.) and the fulfilment of its legal obligations, to improve and develop the services provided, to optimise and save money on insurance costs, to carry out prospecting and marketing operations, to manage outstanding payments and disputes, to combat fraud, money laundering, the financing of terrorism and tax evasion, and for research and statistical purposes. To this end, this data may be communicated, shared and exchanged between Groupe Mutuel and third parties (see below). Data used for statistical purposes is rendered anonymous.

Security
When personal data is processed, and with regard to the risks presented by data processing operations, Groupe Mutuel, its insurance intermediaries and other agents (e.g. a reinsurer) as well as its subcontractors, undertake to take all necessary measures to comply with data protection law. These provisions include, in particular, the technical, physical and organisational measures required to safeguard the security of personal data and prevent its modification, damage or access by unauthorised third parties.

Data transfer
The data is treated confidentially and may be disclosed to third parties (e.g. insurance intermediaries, reinsurance companies, doctors, beneficiaries, disability insurance office (AI/IV), social security of the insured person's country of residence), including abroad. Disclosure of data takes place on the basis of legal obligations, court decisions, general insurance terms and conditions or the consent of the persons concerned. Consent must be express in the case of sensitive data. If the data processing operations are subject to a subcontracting, outsourcing or partnership contract with third parties, the latter undertake, as part of their contractual relationship with Groupe Mutuel, to comply with data protection law. Groupe Mutuel selects subcontractors who provide the necessary guarantees. The data entrusted to insurance intermediaries will be recorded and sent to Groupe Mutuel for the handling of insurance applications and for the administrative and financial follow-up between the insurance intermediary and the insurer. The latter is not responsible for the processing of personal data that the person concerned may have authorised from third parties or those that are carried out independently of Groupe Mutuel. It is up to the persons concerned to refer to the data protection policies of these third parties in order to check the terms and conditions of the processing operations carried out, or to exercise their rights with regard to these operations.

Profiling
During its relationship with Groupe Mutuel and subject to the express consent of the person concerned, the person concerned may be subject to marketing profiling, so that the insurer can offer services and products that meet the person's expectations, profile and needs.

Storage period
Personal data is stored for as long as required by law, the management of the insurance contract, claims, recourse rights, debt recovery and/or any disputes between Groupe Mutuel, the insured, the insurance intermediary or third parties.

Rights of the persons concerned
The persons concerned have the right to access their personal data, to have their data corrected, to have their data deleted within the limits of the applicable legal provisions, to limit the processing of their data, to request that their data is transferred, to withdraw their consent to the processing of personal data, subject to the processing required for the performance of the contract, and to appeal to the competent supervisory authority.

Data Protection Officer
Groupe Mutuel has appointed a Data Protection Officer who can be contacted at the following address:
dataprotection@groupemutuel.ch.
Further information on data protection is available on the Groupe Mutuel website: www.groupemutuel.ch

Protection of data relating to personal advice and guidance
1. The insurer may collect and use, from the beginning of the insurance contract, the demographic, contractual and medical information of the insured person for the following purposes:
   – to issue recommendations on prevention and health promotion;
   – to provide advice on all health-related matters;
   – to recommend suitable healthcare providers to attend to the insured person's health problem;
   – to suggest targeted offers for products or services that meet the criteria of cost-effectiveness.
2. The data used to provide the services described in paragraph 1 may be taken from all insured persons' records compiled within any of the companies of Groupe Mutuel Holding SA (including compulsory health insurance).
3. In order for data from the compulsory health insurance records to be communicated for one of the above-mentioned purposes, the insurer will require the additional express consent of the insured person in each specific case.
4. The insured person may withdraw his consent at any time in accordance with Article 42 of the General Terms and Conditions for Supplemental Health and accident insurance of Groupe Mutuel Assurances GMA SA.

For non binding personal advice

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groupemutuel.ch

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Scan and find out more about our legal form
www.groupemutuel.ch/form

groupemutuel

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