

# Special Terms and Conditions for SanaTel insurance

RT

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These special terms and conditions of insurance are issued in addition to the Supplemental Executory Provisions for Compulsory Health Insurance under LAMal/KVG (CGA), the edition date of which is specified in the insurance policy.

### Art. 1 Insurance model

SanaTel insurance is a special form of compulsory health insurance offering a limited choice of healthcare providers within the meaning of Article 41, para. 4, and Article 62 of the Swiss Federal Health Insurance Law (LAMal/KVG), as well as Articles 99 to 101a of the Ordinance on Health Insurance (OAMal/KVV).

### Art. 2 Admission to insurance

1. SanaTel insurance may be contracted by any person who is domiciled in the areas where it is offered by the insurer.
2. Subject to any provisions to the contrary in these terms and conditions, coverage may be contracted at any time, as long as the legal deadline for changing insurance models is taken into account.

### Art. 3 Termination

It is possible to switch to another form of coverage or to a new insurer at the end of each calendar year, subject to the notice period stipulated in Article 7, paragraphs 1 and 2 LAMal/KVG.

### Art. 4 Insurance principles

SanaTel insurance is based on the principle of remote recommendations given by a designated first point of contact, the list of which can be found on the website [www.groupemutuel.ch](http://www.groupemutuel.ch). The designated first point of contact may be a telemedicine centre or a digital health solution. The first point of contact provides advice prior to a medical consultation (hereinafter referred to as “**medical advice session**”) and, if necessary, refers the insured person to another healthcare provider.

### Art. 5 Duties of the insured person

1. In the event of a health problem, the insured person undertakes to first contact one of the designated first points of contact and to actively participate in the medical advice session.
2. A medical advice session leads to a medical recommendation. In this case, the insured person remains free to take the medical steps of his/her choice during the treatment period defined by the designated first point of contact.

### Art. 6 Deviations from the insurance principles

The insured person is released from the duties mentioned in Article 5 of these special terms and conditions:

- in case of an accident or emergency  
An emergency exists when the insured person's condition is judged, by him/herself or by a third party, to be life-threatening or in need of immediate treatment;
- for gynaecological check-ups and treatments;
- for check-ups and treatments related to pregnancy and childbirth;
- for eye check-ups and treatments;
- for paediatric check-ups and treatments;
- for dental treatments;
- for the follow-up of a chronic illness, provided that the insured person sends to the insurer a certificate signed by a doctor.

## **Art. 7 Non-compliance with the duties of the insured person**

1. After two reminders during a calendar year for non-compliance with the duties in Article 5 of these special terms and conditions, the insurer has the right to exclude the insured person from SanaTel insurance for the end of a month, subject to 30 days' notice. The insured person is then transferred to the compulsory health insurance model with free choice of providers (standard model) while retaining the same deductible amount. In this case, the premium is adjusted accordingly.
2. In the event of exclusion within the meaning of this Article, readmission to compulsory health insurance with a limited choice of service providers is possible at the earliest by 1 January of the following calendar year.

## **Art. 8 Data processing**

1. The insured person's personal data is processed under the Supplemental Executory Provisions for Compulsory Health Insurance under LAMal/KVG, as well as in the Privacy Policy of Groupe Mutuel available on the website [www.groupemutuel.ch](http://www.groupemutuel.ch).
2. It is also specified that in order to be able to identify the insured person, the insurer shall provide the designated first points of contact with the following administrative information: family name, first name, client number, date of birth, gender, address and insurance coverage.
3. Furthermore, in order to assess whether the insured person is complying with his/her duties under Article 5 of these special terms and conditions, the designated first points of contact shall provide the insurer with the necessary data, such as the date and time of the consultation, the type of medical recommendation, the category of healthcare provider recommended and the period of treatment.
4. In the event of a complaint by the insured person, the insurer, the designated first points of contact and any third parties commissioned by the latter may share information about the insured person, namely the content of the medical consultations; this information may contain sensitive data.

## **Art. 9 Premiums**

SanaTel insurance may offer a premium discount as compared to the premium for standard health insurance or insurance with an optional deductible.

## **Art. 10 Withdrawal or change of insurance model**

1. The insurer can decide to change or withdraw SanaTel coverage at any time.
2. In case of withdrawal of the insurance, the insured person shall be transferred to an insurance model with a limited choice of healthcare providers that is as similar as possible, or, failing that, to the standard model of compulsory health insurance while maintaining the same deductible amount.

## **Art. 11 Effective date**

These special terms and conditions of insurance shall come into force on 1 April 2025.