

# Special Terms and Conditions for H-Capital insurance

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Comparative table (only amended articles are reproduced below)

Edition : 01 Aug 2006	Edition : 01 Feb 2022
<p><b>Art. 2 Acceptance conditions</b></p> <ol style="list-style-type: none"> <li>H-Capital insurance coverage is open to all persons, without any age limit.</li> <li>Coverage starts at the beginning of a month, but no sooner than three months after the insured's birth.</li> <li>The Insurer may ask for a medical certificate to be issued, at its expense, by the attending doctor or a doctor designated by the Insurer.</li> <li>The Insurer may make exclusions (Article 8 GTC) or refuse the insurance proposal altogether. Exclusions will be communicated to the insured in advance; a policy containing exclusions is subject to the written consent of the insured.</li> </ol>	<p><b>Art. 2 Acceptance conditions</b></p> <ol style="list-style-type: none"> <li>H-Capital insurance coverage is open to all persons, without any age limit.</li> <li>Coverage starts at the beginning of a month, but no sooner than three months after the insured's birth.</li> </ol>
<p><b>Art. 3 Entitlement to benefits</b></p> <ol style="list-style-type: none"> <li>The lump-sum hospitalisation benefit is granted if the insured is hospitalised for more than 24 hours for inpatient treatment of an acute condition.</li> <li>The benefit is paid in the following cases: <ul style="list-style-type: none"> <li>hospitalisation in the general ward or psychiatric facility of a recognised Swiss hospital, for treatment of acute conditions;</li> <li>hospitalisation abroad;</li> <li>hospitalisation in a recognised marine cure establishment or rehabilitation facility within the meaning of the Federal Law on Health Insurance (LAMal/KVG);</li> </ul> </li> <li>The lump-sum benefit cannot be granted more than once a year.</li> <li>Benefits are not payable in the following cases: <ul style="list-style-type: none"> <li>maternity;</li> <li>outpatient treatment;</li> <li>hospitalisation in connection with treatment that is not recognised by the Federal Law on Health Insurance (LAMal/KVG);</li> <li>semi-hospitalisation;</li> <li>hospital stays within the context, exclusively, of the Federal Law on Accident Insurance (LAA/UVG), the Federal Law on Disability Insurance (LAI/IVG) or the Federal Law on Military Insurance (LAM/MVG).</li> </ul> </li> </ol>	<p><b>Art. 3 Entitlement to benefits</b></p> <ol style="list-style-type: none"> <li>The lump-sum amount in the event of hospitalisation is granted if the insured person is hospitalised for inpatient treatment of an acute condition lasting more than 24 hours and during which a bed is occupied overnight.</li> <li>The benefit is paid in the following cases: <ul style="list-style-type: none"> <li>hospitalisation in the general ward or psychiatric facility of a recognised Swiss hospital, for treatment of acute conditions;</li> <li>hospitalisation abroad;</li> <li>hospitalisation in a recognised marine cure establishment or rehabilitation facility within the meaning of the Federal Law on Health Insurance (LAMal/KVG);</li> </ul> </li> <li>The lump-sum benefit cannot be granted more than once a year.</li> <li>In the event of hospitalisation extending over two calendar years, the lump-sum amount is paid out only once.</li> <li>Benefits are not payable in the following cases: <ul style="list-style-type: none"> <li>maternity;</li> <li>outpatient treatment;</li> <li>hospitalisation in connection with treatment that is not recognised by the Federal Law on Health Insurance (LAMal/KVG);</li> <li>semi-hospitalisation;</li> <li>hospital stays within the context, exclusively, of the Federal Law on Accident Insurance (LAA/UVG), the Federal Law on Disability Insurance (LAI/IVG) or the Federal Law on Military Insurance (LAM/MVG).</li> </ul> </li> </ol>

#### Art. 4 Annual lump-sum benefit

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The following annual lump-sum benefits can be insured: CHF 300.-; CHF 500.-; CHF 600.-; CHF 900.-; CHF 1000.-; CHF 1200.-; CHF 1500.-; CHF 2000.-; CHF 2500.-.

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#### Art. 5 Insured benefits

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In case of hospitalisation for inpatient treatment of acute conditions in accordance with Article 3, H-Capital insurance will pay the annual lump-sum benefit (Article 4) subject to Article 3(3).

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2. Benefits of the "H-Capital" insurance are covered by a fixed-lump insurance.

#### Art. 6 Payment of benefits

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1. Benefits will be paid against presentation of the hospital invoice. The insured authorises the Insurer's medical advisor to ask the attending doctor for the diagnosis and for any other relevant information with a view to ascertaining the insured's entitlement to benefits.
2. The lump-sum benefit is payable to the insured. In the event of his death, the benefit will be paid to his beneficiaries in the following order: his spouse; failing him, his children; failing them, his parents; failing them, the other legal heirs. The insured may modify the order of beneficiaries by a written application to his health insurer.

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2. The lump-sum benefit is payable to the insured. In the event of his/her death, the benefit will be paid to his/her beneficiaries in the following order: his/her spouse; failing him/her, his/her children; failing them, his/her parents; failing them, the other legal heirs. The insured may modify the order of beneficiaries by an application to the health insurer.

#### Art. 7 Premium

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1. Premiums are graduated by gender and age group.
2. 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. The applicable age groups are:
  - from 0 to 18;
  - from 19 to 25;
  - from the 26th year, age groups are graduated in five-year brackets.

1. Premiums are graduated by gender and age group.
2. An insured person who reaches the maximum age for his age group during the year is automatically transferred to the next higher age group at the beginning of the following calendar year. The applicable age groups are:
  - from 0 to 18;
  - from 19 to 25;
  - from the 26th year onwards, age groups are graduated in five-year brackets.