



Complementary health insurance

Information notice

Basic insurance UNSMIS (UNOG)

PREAMBLE

In order to improve the health care insurance coverage offered by the basic insurances of the United Nations Office at Geneva, the International Labour Organization and the World Health Organization, GPAFI, an entity of the International Civil Servants Mutual Associations (ICSMA), has entered into a partnership with the insurer UNIQA Osterreich Versicherungen AG, through a collective insurance contract.

GPAFI members, as well as their family members, insured with one of the basic insurances UNSMIS, SHIF (ILO) and SHI (WHO) can benefit from the advantages offered within the framework of this partnership.

ADVANTAGES OF THE COMPLEMENTARY HEALTH INSURANCE UNIQA

The UNIQA complementary health insurance allows to:

1. Supplement the benefits offered by the basic UNSMIS, SHIF and SHI insurances;
2. Benefit from a private room in case of hospitalization;
3. Get a coverage for natural medicine.

MEMBERSHIP REQUIREMENTS

The international civil servant who wishes to join the UNIQA complementary health insurance and who would also like to extend the benefits to the members of his/her family must be a member of GPAFI.

GPAFI membership may be requested at any time, only by active international civil servants working for an ICSMA member organization, provided that they submit their request no later than the month in which they reach the age of 65. Retired staff members may not join even if they have not reached the age of 65. However, if they are already enrolled at the time of retirement, they may continue their enrollment and benefits from the services.

Active international civil servants and their spouse may apply for the UNIQA complementary health insurance provided that they submit their application no later than the month in which they turn 65, are enrolled in one of the three basic plans, UNSMIS, SHIF, SHI, or have just submitted an application. One UNIQA application must be completed per person to insure.

Children can be enrolled in the UNIQA complementary health insurance provided that at least one of the parents is enrolled or applies for membership. If one or both parents apply for membership at the same time as one or more of their children, but one or both parents are not eligible for membership due to UNIQA's refusal, the child(ren) may still be enrolled.

Enrollment in the UNIQA complementary health insurance is done on the 1st of each month, for all or part of the family.

UNIQA has the right to refuse the affiliation of a staff member and/or his/her family members for medical reasons or to accept the affiliation but with a reserve related to medical care reimbursements that is limited in time.

Prenatal insurance, which must be taken out prior to delivery, allows the newborn child to receive insurance benefits regardless of his/her state of health at birth.

MEMBERSHIP

To submit an application for membership, applicants should proceed as follows:

1. Join GPAFI (the international civil servant only):
 - a. Fully complete a GPAFI application form;
 - b. Fully complete the payment form (payroll deduction according to the applicant's organization, standing order or direct debit LSV);
 - c. Submit a readable and valid copy of the national passport/identity card;
 - d. Submit a readable and valid copy of the carte de legitimisation;
 - e. Submit a readable and copy of the personnel action form (PA).
2. Join UNIQA (the international civil servant and the members of his/her family):
 - a. Fully complete a UNIQA application form per person to insure;
 - b. Submit a readable and valid copy of the national passport/identity card of each person to be insured;
 - c. Submit a Bank Identifier Code (BIC) or a bank statement which contains the account holder's full name, address, IBAN and BIC/SWIFT codes in order to reimburse the medical expense. Reimbursements will be made to the account of the staff member affiliated to GPAFI.

All documents and forms must be sent by email to gpafi@un.org.

TEMPORARY SUSPENSION

In the event of leave without pay, secondment or inter-organizational transfer, staff and the members of their family, who have terminated their basic insurance, may temporarily suspend their complementary insurance for a minimum of 6 months and a maximum of 24 months. The suspension premium to be paid per month and in advance is CHF 16 per insured person.

To benefit from the suspension, members must submit a written request to GPAFI before the beginning of the suspension and attach a certificate of termination of the basic insurance. In case of extension of the leave without pay, secondment or inter-organizational transfer, members must immediately contact GPAFI and pay the premium for the whole period of suspension.

If members do not inform GPAFI of an extension of the leave without pay, secondment or inter-organizational transfer and do not pay the suspension premium, the termination of their basic insurance and that of the members of their family will be initiated.

In case of reaffiliation to the basic insurance, members must immediately contact GPAFI to reactivate the complementary health insurance, otherwise the cancellation of their basic insurance and that of the members of their family will be initiated.

TERMINATION

Termination of the UNIQA complementary health insurance must be made in writing to GPAFI and in strict compliance with the following provisions:

1. Termination of the complementary insurance and continuation of the basic insurance UNSMIS - SHIF - SHI:
 - a. The request for termination can be made for the end of a calendar year as long as it is received by GPAFI with a 3-month notice (request received by 30 September at the latest);
 - b. In case of retirement the request for termination may be made at the date of separation from the organization;
 - c. In the case of premium increases only, the request for termination may be made provided that it is received by GPAFI by 31 December at the latest.
2. Termination of the complementary health insurance and of the basic insurance UNSMIS - SHIF - SHI:
 - a. In case of termination of the basic insurance, the UNIQA complementary health insurance can be terminated on the same date, but only upon presentation of a certificate of termination from UNSMIS - SHIF - SHI within 2 months;
 - b. In the event that GPAFI does not receive the certificate of termination of the basic insurance, the insurance premiums will continue to be deducted and will not be refunded;
 - c. In the event that GPAFI receives the termination notice for the basic insurance but the 2-month period has passed, the termination date for the UNIQA complementary health insurance will be the month during which GPAFI received the termination notice for the basic insurance. Insurance premiums paid after the 2-month period will not be refunded.

INSURANCE PREMIUMS

Insurance premiums are subject to revision on 1 January of each year.

At the end of each year, members receive a statement detailing the premiums that will be charged for the following year. They are requested to review the annual statement and submit any comments by 31 January. After this deadline the document will be considered as approved.

Monthly premiums depend on the age of the insured person on 1 January of each year and shall be as follows:

Age groups	0 - 18	19 - 25	26 - 35	36 - 45	46 - 55	56 - 65	> 65
Premiums in CHF	49	83	86	108	120	143	175

HEALTH CARE INSURANCE PREMIUM VERSION (ASSISTANCE)

The complementary Health Insurance is proposed in a PREMIUM version that includes the following emergency benefits for private travel:

1. Emergency medical assistance;
2. Unlimited emergency inpatient or outpatient treatment;
3. Crisis assistance;
4. Travel and luggage coverage.

The list of benefits can be found in the "PREMIUM VERSION BENEFITS" section.

The monthly premiums in CHF for the PREMIUM version are as follows.

Individual	10.40
Family	16.70

WAITING PERIOD

The waiting period is the period between the effective date of insurance and when the insured person may be entitled to certain benefits.

A waiting period applies to the following benefits:

1. Maternity and childbirth: 12 months

Any pregnancy beginning within 12 months of the date of enrollment is not covered, including the baby's birth expenses. From the 13th month of membership onwards, the costs of pregnancy, delivery and the birth of the baby are covered. UNIQA is entitled to request a medical certificate to verify the date of the beginning of the pregnancy.

If a pregnant woman joins the UNSMIS - SHIF - SHI basic insurance and the UNIQA complementary health insurance at the same time, and joins the UNIQA complementary insurance no later than 2 months after joining the basic insurance (proof of this must be provided), the waiting period does not apply to the current pregnancy. However, in the event of a new pregnancy within 12 months of joining the UNIQA complementary insurance, the waiting period will apply.

2. Sterility treatments, including in vitro fertilization: 24 months

From the 25th month of membership, infertility treatments authorized by the basic insurance are covered. Infertility treatment includes the initial medical investigation to determine possible infertility as well as the subsequent treatment to achieve a pregnancy.

3. Psychological and psychiatric treatments: 12 months for adults and 6 months for children of the age group 0-18 years

The waiting period applies according to the age group on the date of enrolment and for any outpatient or inpatient treatment for a psychological or psychiatric condition starting after the date of enrolment. For existing or planned treatments at the time of enrolment, UNIQA may formulate an exclusion for a longer period.

4. UNIQA has the right to take medical information to find out the date of onset of the condition and treatment.

DISCOUNT ON INSURANCE PREMIUMS

A permanent 10% discount on insurance premiums is available:

1. To staff members who wish to join the UNSMIS - SHIF - SHI basic insurance and the UNIQA complementary health insurance at the same time, provided that the UNIQA complementary insurance is taken out no later than two months after joining the basic insurance (proof of membership must be provided);
2. To the members of the family of the staff member who wish to join the UNSMIS - SHIF - SHI basic insurance and the UNIQA complementary health insurance at the same time, provided that they join the UNIQA complementary insurance within two months of joining the basic insurance (proof of membership is required);
3. In case of marriage of the staff member to his/her new spouse if he/she joins within 2 months after the date of marriage;
4. In case of birth to the newborn child if he/she is affiliated within 2 months from the date of birth.

A permanent discount of 50% is granted on the premium for the 3rd and subsequent insured children. This discount cannot be combined with the 10% discount for immediate enrolment.

PREMIUM PAYMENTS - FAILURE TO PAY ON TIME

The insurance premiums are payable in advance to GPAFI, before the beginning of the benefits, at the latest on the last working day of the month preceding the beginning of a month, in CHF.

Members may choose to pay premiums monthly, quarterly, semi-annually or annually.

Staff members whose payroll is processed by UNOG, UNHCR, ITU, UNON, UNDP, UNOPS, UNITAR will have the premiums deducted from their salary. Other members can opt for a bank transfer or a deduction from their bank account if it is in Switzerland (LSV). The latter option is preferred.

If the premiums are not deducted from the salary, members are requested to make sure that the payments are made accordingly and, in the case of transfer by LSV, that their bank account is well funded, otherwise the deduction will not be made.

The premium for a started month is due in full.

Late payment of premiums implies:

- a. An immediate freeze on benefits;
- b. Reminder fees of up to CHF 150,
- c. Termination of insurances membership if all premiums due have not been paid within 3 months;
- d. Exclusion from GPAFI.

If an insured has had his/her coverage terminated due to non-payment of insurance premiums, he/she will not be able to apply for reaffiliation for a minimum period of 5 years.

SCHEDULED HOSPITALIZATION – COVERAGE GUARANTEE

The UNIQA complementary health insurance pays benefits in case of hospitalization in a private room, i.e. 100% of the part not covered by the basic insurance up to a maximum of CHF 500 per day.

As UNIQA has negotiated preferential rates with the main hospitals and private clinics in the Lake Geneva area, the insured must inform the admissions department of the hospital where he/she will be hospitalized that his/her complementary insurance is UNIQA. The hospital will then send a request for coverage to UNIQA. If the insured does not report this information, the hospital may charge a higher rate for the stay in a private room than the one negotiated. In this case, UNIQA would only reimburse the costs up to the negotiated rate and the insured would have to pay the difference.

COMPLEMENTARY HEALTH INSURANCE BENEFITS

The benefits of the UNIQA complementary health insurance are established in relation to the benefits of the UNSMIS - SHIF - SHI basic insurance. Therefore, they can only be paid as a complement to the benefits paid by the basic insurances according to their basic plan and conditions of coverage.

In the absence of coverage by the UNSMIS - SHIF - SHI basic insurance, no other benefits are paid by the UNIQA complementary insurance, with the exception of outpatient natural medicine treatments, which are not reimbursed by the basic insurance.

The ceilings and limits of the UNIQA complementary health insurance are maximums, even if the UNSMIS - SHIF - SHI basic insurances decide to pay additional or ex gratia benefits.

HOW TO SUBMIT A MEDICAL CLAIM

Claims should not be submitted to GPAFI but only to UNIQA no later than 12 months from the date of treatment for natural medicines only, and from the date of issuance of the reimbursement notices by the basic insurances UNSMIS - CAPS - SHI.

1. Documents to submit to UNIQA:

Only statements received from the UNSMIS - SHIF - SHI basic insurance must be sent to UNIQA. If the statement concerns several members of the family, only one statement should be sent.

A copy of the invoices must be added only in case of hospital treatments or if the insured has been admitted with a medical exclusion. For natural medicines, a medical prescription is also required.

2. You can submit your claims to UNIQA the following ways:

a. Electronically on the site www.myuniqa.ch or on your smartphone via the myUniqa application:



b. By email in pdf format to: claims.gpafi@uniqa.ch.

c. By post to the following address: UNIQA, Avenue de la Praille 26, 1227 Carouge, Switzerland.

In order to simplify the processing of requests received by email or postal mail, please mention the UNIQA policy number on the requests.

CHANGE OF PERSONAL AND PROFESSIONAL DATA

GPAFI members are requested to inform GPAFI of any change in their personal and professional data in order to ensure that their insurance coverage is maintained.

CONTACTS

The entities to contact in case of need are the following:

1. UNIQA in case of questions about reimbursements or medical benefits:

UNIQA GlobalCare SA, Avenue de la Praille 26, 1227 Carouge

Telephone: +41 (0) 22 718 63 30

Email: contact.gpafi@uniqa.ch

2. GPAFI in case of questions about the coverage, the premiums, a change of address, bank account or coverage termination:

GPAFI, Palais des Nations, ONU, Avenue de la Paix 8-14, 1211 Geneva 10

Telephone: +41 (0) 22 917 99 99, press 7

Email: gpafi@un.org

INFORMATION – DOCUMENTATION - FORMS

Further information, documentation related to UNIQA health care insurance and the PREMIUM version as well as forms related to GPAFI membership and insurance enrollment can be found on the GPAFI website, www.gpafi.org.

UNIQA COMPLEMENTARY HEALTH INSURANCE BENEFITS

The tables below is an informative summary of the insurance benefits. Only the General Terms and Conditions of the UNIQA_CGA GPAFI PERFORMA group insurance contract and the insurance policy are contractual documents.

BENEFITS UNSMIS	BASIC INSURANCE UNSMIS	UNIQA COMPLEMENTARY HEALTH INSURANCE
1. Doctors		
a. Medical fees	80%	20%
2.1 Hospitalization		
a. Doctors's fees	80%	20%
b. Outpatient medical fees in a medical establishment	80%	20%
2.2 Surgical operations (subject to articles VIII.4 and VIII.8 of the Internal Rules)		
a. Surgeons' and attendants' fees	90%	10%
b. Other expenses relating to surgery (costs of operating room, anesthesia, dressing items, etc.)	90%	10%
3. Hospitalization costs in an approved establishment (subject to articles VIII.4 of the Internal Rules) including medical care provided by personnel attached to the establishment and other services normally provided by the establishment		
a. Hospitalization in a shared room (6 beds minimum) in a public establishment	100%	-
b. All-inclusive hospitalization including all costs: doctor's fees (as mentioned under points 1 and 2), treatments and accommodation in a room with two or more beds	90%	10%
c. Hospitalization in a semi-private room in an establishment approved by the competent health authorities of the country concerned	90%	10%
d. Hospitalization in a private room in an establishment approved by the competent health authorities of the country concerned	Within the limit of the reimbursement of the semi-private room	100% of the amount payable by the insured, max. CHF 500 / day
e. Hospitalization in an establishment no providing semi-private room services, approved by the competent health authorities of the country concerned	75%	100% of the amount payable by the insured, max. CHF 500 / day
f. Day hospital at a rate that includes all the costs of accommodation	90%	10%
4. Post-hospital and/or post-operative convalescence expenses (stay, care and treatment) in a semi-private room		
a. In a hospital or semi-hospital establishment	80% max. 30 days	20% max. 30 days
b. In a hospital or semi-hospital establishment for more than 30 days of convalescence for further treatment	80% max. CHF 60 / day	20% max. CHF 15 / day
5. Long-term hospitalization in a facility approved by the health authorities of the country concerned	Semi-private room - 80% for 365 days	Semi-private room - 20% for 365 days
For any extension of the duration of hospitalization (as authorized by the consulting physician if the treatment is neither curative nor palliative) the insurance coverage is gradually reduced according to the following scale:		
a. For 180 days	80% max. CHF 180 / day	20% max. CHF 45 / day
b. For 180 days	80% max. CHF 120 / day	20% max. CHF 30 / day
c. For an unlimited time	80% max. CHF 60 / day	20% max. CHF 15 / day
6. EMS (Nursing home)		
Medical or paramedical services related to a long-term stay in a medical environment (including nursing and geriatric care)	100% max. CHF 90 / day	-
7. Short-term nursing care	80% max. 30 days	20% max. 30 days
8. Long-term nursing care at home or in a medical establishment provided by personnel not assigned to the establishment	80% max. CHF 60 / day	20% max. CHF 15 / day
9. Help and dependence		
a. Costs of caretakers and household help after illness or surgery when convalescence does not require hospitalization	80% max. CHF 30 / day - 30 days max.	20% max. CHF 11.25 / day - 30 days max.
b. Long-term household help costs	80% max. CHF 150 / month	20% max. CHF 62.50 / month

10. Flat-rate home care services (caregivers, nannies, or housekeepers) for acts of hygiene and mobility		
a. Total dependence	Max. CHF 90 / day	-
b. Partial dependence	Max. CHF 45 / day	-
11. Cures and dietetics (costs of cures in an establishment approved by the health authorities of the country concerned)		
a. Costs of treatment	80% max. 21 days / 3 stays max. over 5 years	20% max. 21 jours / 3 stays max. over 5 years
b. Accommodation	No refund	No refund
The following expenses are not eligible for reimbursement: thalassotherapy, weight loss and biological treatments.		
12. Detoxification (alcohol, drugs)		
a. Costs of stay and/or treatment in a facility approved by the insurance company and for a period approved in advance by the consulting physician	80% max. 3 cures	20% max. 3 cures
b. Anti-smoking treatment after approval of the treatment and its duration by the consulting physician	80% max. 3 treatments	20% max. 3 traitements
13. Obesity treatments according to BMI (Body Mass Index)		
a. BMI > 30: medical treatment and dietetic sessions performed by a registered dietician	80% max. CHF 70 per session (max. 10 sessions)	20% max. CHF 17.50 per session (max. 10 sessions)
b. BMI > 35: in-patient medical treatment	80% (authorized duration)	20% (authorized duration)
c. BMI > 40: hospitalization and surgical treatments (if weight loss > 50 kg, reconstructive surgery may be covered)	Under the conditions of points 1 and 2	Under the conditions of points 1 and 2
14. Pharmaceutical expenses with a physician's prescription (subject to Article VIII.8.g of the Internal Rules)		
a. For products that are reimbursable according to the standards of the competent health authorities of the countries concerned	80%	20%
b. For vaccines recommended on medical prescription	80%	20%
c. For homeopathic products that are reimbursable according to the standards of the competent health authorities of the countries concerned	80%	20%
d. For homeopathic and herbal products	60% max. CHF 1,000 / year	40% max. CHF 250 / year
e. Non-reimbursable products according to the standards of the health authorities of the countries concerned	No refund	No refund
15. Medical imaging (radiology, etc.), analyses and laboratory tests, prescribed by a physician	80%	20%
16. Injections, radiation therapy, specialized and approved treatments prescribed by a physician	80%	20%
17. Lymphatic drainage sessions (especially following cancer treatment), prescribed by a doctor	80%	20%
18. Functional rehabilitation treatment, prescribed by a physician		
Physiotherapy, physiotherapy, chiropractic, osteopathy, etiopathy, occupational therapy, diathermy, ultrasound, infrared, hydrotherapy, inhalations, fango applications.	80% max. CHF 70 per session	20% max. CHF 17.50 per session
Acupuncture and mesotherapy treatments for functional rehabilitation performed by the attending physician are reimbursed under the same conditions as functional rehabilitation treatments		

10. Flat-rate home care services (caregivers, nannies, or housekeepers) for acts of hygiene and mobility		
a. Total dependence	Max. CHF 90 / day	-
b. Partial dependence	Max. CHF 45 / day	-
11. Cures and dietetics (costs of cures in an establishment approved by the health authorities of the country concerned)		
a. Costs of treatment	80% max. 21 days / 3 stays max. over 5 years	20% max. 21 jours / 3 stays max. over 5 years
b. Accommodation	No refund	No refund
The following expenses are not eligible for reimbursement: thalassotherapy, weight loss and biological treatments.		
12. Detoxification (alcohol, drugs)		
a. Costs of stay and/or treatment in a facility approved by the insurance company and for a period approved in advance by the consulting physician	80% max. 3 cures	20% max. 3 cures
b. Anti-smoking treatment after approval of the treatment and its duration by the consulting physician	80% max. 3 treatments	20% max. 3 traitements
13. Obesity treatments according to BMI (Body Mass Index)		
a. BMI > 30: medical treatment and dietetic sessions performed by a registered dietician	80% max. CHF 70 per session (max. 10 sessions)	20% max. CHF 17.50 per session (max. 10 sessions)
b. BMI > 35: in-patient medical treatment	80% (authorized duration)	20% (authorized duration)
c. BMI > 40: hospitalization and surgical treatments (if weight loss > 50 kg, reconstructive surgery may be covered)	Under the conditions of points 1 and 2	Under the conditions of points 1 and 2
14. Pharmaceutical expenses with a physician's prescription (subject to Article VIII.8.g of the Internal Rules)		
a. For products that are reimbursable according to the standards of the competent health authorities of the countries concerned	80%	20%
b. For vaccines recommended on medical prescription	80%	20%
c. For homeopathic products that are reimbursable according to the standards of the competent health authorities of the countries concerned	80%	20%
d. For homeopathic and herbal products	60% max. CHF 1,000 / year	40% max. CHF 250 / year
e. Non-reimbursable products according to the standards of the health authorities of the countries concerned	No refund	No refund
15. Medical imaging (radiology, etc.), analyses and laboratory tests, prescribed by a physician	80%	20%
16. Injections, radiation therapy, specialized and approved treatments prescribed by a physician	80%	20%
17. Lymphatic drainage sessions (especially following cancer treatment), prescribed by a doctor	80%	20%
18. Functional rehabilitation treatment, prescribed by a physician		
Physiotherapy, physiotherapy, chiropractic, osteopathy, etiopathy, occupational therapy, diathermy, ultrasound, infrared, hydrotherapy, inhalations, fango applications.	80% max. CHF 70 per session	20% max. CHF 17.50 per session
Acupuncture and mesotherapy treatments for functional rehabilitation performed by the attending physician are reimbursed under the same conditions as functional rehabilitation treatments		

19. Psychiatric treatments		
a. Psychiatric or medical-psychological examination	80% once a year	20% once a year
b. Psychotherapy		
<i>i) Inpatients:</i>		
- Hospitalization costs	Under the conditions of point 3	Under the conditions of point 3
- Treatment provided by staff attached to the establishment	80%	20%
- Treatment by a specialist from outside the establishment	80% max. CHF 110 per session	20% max. CHF 27.50 per session
<i>ii) Outpatients and/or day hospital consultations:</i>		
- Outpatient treatment by a psychiatrist or prescribed and performed by a psychotherapist certified for psychotherapy (max. 50 sessions per year)	80% max. CHF 110 per session	20% max. CHF 27.50 per session
- Consultations by a psychiatrist (max. 6 visits / year)	80%	20%
c. Sleep cures in a facility approved by the Insurance	80% (authorized duration)	20% (authorized duration)
d. Living expenses in a day care center	No refund	No refund
20. Logopedy, speech therapy and/or psychomotor therapy not related to learning difficulties	80% max. CHF 80 per session (max. 30 sessions)	20% max. CHF 20 per session (max. 30 sessions)
21. Devices		
a. Prosthetic appliances (other than dental)	80% of the accepted quote	20% of the accepted quote
b. Custom-made orthopedic foot supports (heel pads and insoles purchased in pharmacies or specialized stores are not reimbursable)	80% max. CHF 200 and max. one pair per year	20% max. CHF 50 and max. one pair per year
c. Lumbar support belt (lombostat), cervical collar (neck brace), orthosis or accessory to support a joint	80% max. CHF 300 per article	20% max. CHF 75 per article
d. Manual wheelchair	80% max. CHF 3,500	20% max. CHF 875
e. Hearing aids excluding replacement in case of damage, loss or breakage. The use of the device must be recognized as essential by an otologist and the prescription must be accompanied by an audiogram	80% of the accepted quote max. CHF 2,600 per device, max. one device every 5 years	20% of the accepted quote max. CHF 650 per device, max. one device every 5 years
f. Breathing apparatus (nCPAP)		
i) Rental of the device for testing	80% of first 6 months	20% of first 6 months mois
ii) Purchase of the device (including maintenance costs related to the use of the device and perishable material)	80% max. CHF 2,800 every 5 years	20% max. CHF 700 every 5 years
22. Optical Care		
In case of new enrollment, the reimbursement limit is prorated according to the number of months of enrollment		
a. Corrective lenses (glasses and contact lenses, bifocals or trifocals, progressive lenses or any other correction) provided that the wearing of corrective lenses is recognized as essential by an oculist, ophthalmologist, optician or optometrist. The prescription or invoice must indicate the correction in dioptries.	80% max. CHF 450 / year cumulative over two years	20% max. CHF 300 / year cumulative over two years
b. Frames for corrective lenses	80% max. CHF 75 / year cumulative over two years	20% max. CHF 18.50 / year cumulative over two years
c. Corneal refractive correction (laser surgery)	80% max. CHF 2,000 / eye	20% max. CHF 500 / eye
23. Dental Care		
Odonto-stomatology (dental care) and laboratory fees, dental prostheses, radiography/radiology (in case of new affiliation, the reimbursement ceiling corresponds to the prorated number of months of affiliation)	80% max. CHF 2,500 / year cumulative over two years	20% max. CHF 500 / year cumulative over two years
24. Orthodontic care, including provision of appliances	80% up to dental credits (see 23)	20% up to dental credits (see 23)

25. Maxillo facial surgery in the event of hospitalization		
The following reconstructive maxillofacial surgery services performed by specialized maxillofacial surgeons are reimbursed by Insurance after prior approval by the Insurance: craniofacial deformity, facial cleft surgery, orthognathic surgery, bone grafts, temporomandibular joints.	90%	10%
26. Maternity (no benefit for children aged 21 to 29 inclusive)		
a. During pregnancy: coverage of all examinations and ultrasounds	80%	20%
b. Preparation for the delivery	80% max. CHF 200	20% max. CHF 50
c. Physician/midwife fees and nursing care	80%	20%
d. Surgical procedure (cesarean section)	90%	10%
e. Hospital or clinic fees	Under the conditions of point 3	Under the conditions of point 3
f. After delivery, coverage of 6 sessions or visits by a midwife or nurse if the length of stay in hospital was less than or equal to 6 days	80%	20%
27. Infertility treatment (package)		
The package includes all costs of treatments, procedures, consultations, examinations, analyses, etc. related to such treatments	80%. Maximum lump sum CHF 20,000 for life	20%. Maximum lump sum CHF 5,000 for life
28. Transportation		
a. Emergency transportation to the nearest treatment establishment	80%	20%
b. Other transport by ambulance up to 200 km	80%	20%
c. Transport to and from the nearest place where adequate treatment can be obtained for outpatient treatment, up to a maximum of 200 km	80%	20%
d. Rescue costs (rescue and evacuation) not related to reckless undertaking or dangerous sport. Transportation must be by a means that meets the medical requirements of the case	50% max. CHF 5,000 / year	No refund
e. Repatriation and transportation costs in a private car	No refund	No refund
29. Funeral expenses		
Insofar as they are not covered in whole or in part by the Organization	CHF 1,000	No refund
30. Natural ambulatory medicine		
Treatment costs according to the list of recognized therapeutic methods and therapists not covered by the basic plan (acupuncture, poultices, lymphatic drainage, homeopathy, kinesiology, ayurvedic medicine, traditional Chinese medicine, mesotherapy, phytotherapy, reflexology, shiatsu, neural therapy, hypnosis, etc.)	No refund	90% of actual costs, max. CHF 1,250 / year

HEALTH CARE INSURANCE PREMIUM VERSION (ASSISTANCE) BENEFITS

The table below is an informative summary of the insurance benefits. Only the General Conditions of the collective insurance contract as well as the insurance policy are contractual documents.

DESCRIPTION OF BENEFITS	MAX. PER INSURED IN CHF	GEOGRAPHICAL LIMITS
MEDICAL ASSISTANCE		
Search and rescue	Max. CHF 50,000	Worldwide (except more than 200 km offshore)
Medical transportation: <ul style="list-style-type: none"> • Medical evacuation • Medical repatriation 	Unlimited	Worldwide
Sending out a doctor	Unlimited	Worldwide
In-patient & out-patient care	Assistance Hotline	Worldwide
Assistance in the event of death: <ul style="list-style-type: none"> • Repatriation of mortal remains • Assistance with formalities following a death • Costs of coffin 	Unlimited	Worldwide
Early return of the person accompanying the insured	Unlimited	Worldwide
Visit by close family members	Max. CHF 5,000	Worldwide
24/7 worldwide medical advice	Assistance Hotline	Worldwide
Access to network of medical service providers	Assistance Hotline	Worldwide
Second medical opinion	Assistance Hotline	Outside of country of residence
Sending out medication not available locally	Priority shipment	Worldwide
Linguistic assistance	Assistance Hotline	Outside of country of residence
Psychological assistance for insured person and/or their near family	2 consultations	Worldwide
CANCELLATION		
Trip cancellation or modification prior to departure	Max. CHF 10,000	Worldwide
TRAVEL ASSISTANCE		
Trip interruption	Max. CHF 5,000	Worldwide
Extension of stay	Max. CHF 2,000	Worldwide
Advance of funds in the event of loss or theft of means of payment	Max. CHF 2,000	Worldwide
Lost document assistance	Max. CHF 700	Worldwide
Concierge services & Corporate assistance	Assistance Hotline	Outside of country of residence
BAGGAGE ASSISTANCE		
Loss, theft, damage or destruction of baggage	Max. CHF 10,000 (CHF 200 deductible)	Worldwide
Delayed delivery of baggage	Max. CHF 2,000	Outside of country of residence
CRISIS ASSISTANCE		
<i>Module A: Special Risk Incident</i>		
Trip cancellation / modification before or during the trip in case of political event, attack, epidemiologic risk or natural disaster	Max. CHF 10,000	Worldwide
<i>Module B: Risk prevention and crisis management</i>		
INFO & HOTLINE		
<ul style="list-style-type: none"> ▪ Telephone assistance 24/7 ▪ Travellers' advice sites: travelsecurity.garda.com 	Unlimited access	Worldwide
OPERATIONAL AND PROACTIVE MONITORING OF TRIPS		
<ul style="list-style-type: none"> ▪ Secure registration of trips <ul style="list-style-type: none"> ○ Secure online registration ▪ Proactive monitoring of trips 	Compulsory for risk countries at risk Real-time	Worldwide
OPERATIONAL AND CRISIS MANAGEMENT ASSISTANCE		
<ul style="list-style-type: none"> ▪ Keeping safe and emergency evacuation assistance ▪ Search and rescue in natural catastrophe ▪ "Foreign kidnapping" assistance ▪ Arbitrary arrest 	Max. CHF 15,000 Max. CHF 10,000 Max. 120 days Max. CHF 5,000	Worldwide