

COMPLEMENTARY HEALTH INSURANCE

**Information notice
for staff affiliated
to UNSMIS**



COMPLEMENTARY HEALTH INSURANCE

Information notice for staff affiliated to UNSMIS



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 Österreich 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:

- Supplement the benefits offered by the basic UNSMIS, SHIF and SHI insurances;
- Benefit from a private room in case of hospitalization;
- 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:

- Join GPAFI (the international civil servant only):
 - ▶ Fully complete a GPAFI application form;
 - ▶ Fully complete the payment form (payroll deduction according to the applicant's organization, standing order or direct debit LSV);
 - ▶ Submit a readable and valid copy of the national passport/identity card;
 - ▶ Submit a readable and valid copy of the carte de legitimization;
 - ▶ Submit a readable and copy of the personnel action form (PA).
- Join UNIQA (the international civil servant and the members of his/her family):
 - ▶ Fully complete a UNIQA application form per person to insure;
 - ▶ Submit a readable and valid copy of the national passport/identity card of each person to be insured;
 - ▶ 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

Termination

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

- Termination of the complementary complementary insurance and continuation of the basic insurance UNSMIS - SHIF - SHI:
 - ▶ 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 months notice (request received by 30 September at the latest);
 - ▶ In case of retirement the request for termination may be made at the date of separation from the organization;
 - ▶ 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.

- Termination of the complementary health insurance and of the basic insurance UNSMIS - SHIF - SHI:

- ▶ 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;
- ▶ 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;
- ▶ In the event that GPAFI receives the termination notice for the basic insurance but the 2 months 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 months 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



Discount on insurance premiums

A permanent 10% discount on insurance premiums is available:

- For staff members, if the dates of affiliation to the UNSMIS - SHIF - SHI basic insurance and the UNIQA complementary health insurance are identical. The documents required for affiliation must be received by GPAFI within two months of the date of affiliation to the basic insurance.
- 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);
- 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;
- 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.

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:

- Emergency medical assistance;
- Unlimited emergency inpatient or outpatient treatment;
- Crisis assistance;
- 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:

• 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.

• 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.

• 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.

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

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:

- An immediate freeze on benefits;
- Reminder fees of up to CHF 150;
- Termination of insurances membership if all premiums due have not been paid within 3 months;
- 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.

If the basic insurance decides to cap the benefits, the complementary health insurance reserves the right to adjust its benefits accordingly.

How to submit a medical claim ?

Claims should not be submitted to GPAFI but only to UNIQA within 24 months from the date of treatment for natural medicines and from the date of issuance of the reimbursement notices by the basic insurances UNSMIS - CAPS - SHI.

• 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.

• You can submit your claims to UNIQA the following ways:

- Electronically on the site www.myuniqa.ch or on your smartphone via the myUniqa.ch application:
- By email in pdf format to: claims.gpafi@uniqa.ch
- 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.



UNSMIS COMPLEMENTARY HEALTH INSURANCE BENEFITS

BENEFITS	UNSMIS	UNIQA COMPLEMENTARY HEALTH INSURANCE
Doctors		
Doctors' fees	80%	20%
Hospitalization		
Doctors' fees	80%	20%
Outpatient medical fees in a medical establishment	80%	20%
Surgical operations (subject to articles VIII.4 and VIII.8 of the internal rules)		
Surgeons' and attendants' fees	90%	10%
Other expenses relating to surgery (operating theatre, anesthesia, dressings...)	90%	10%
Hospitalization in an approved establishment (subject to articles VIII.4 of the internal rules) including medical care provided by the staff of the establishment and other services normally provided by the establishment		
Hospitalization in a public ward of a public establishment (6 beds minimum)	100%	
Comprehensive flat-rate charge for hospitalization including doctors' fees under annex III, items 1 and 2, and charges for treatment and stay (minimum 2-bed ward)	90%	10%
Hospitalization in a semi-private room in an establishment approved by the competent health authorities of the country concerned	90%	10%
Hospitalization in a private room in an establishment approved by the competent health authorities of the country concerned	Up to the maximum amount reimbursed for a semi-private room	100% of the remaining amount up to CHF 500 per day
Hospitalization in an establishment not providing semi-private care, approved by the competent health authorities of the country concerned	75%	100% of the remaining amount up to CHF 500 per day
Day hospital at a rate inclusive of all accommodation expenses	90%	10%
Post-hospital and/or post-operation convalescence (accommodation, care and treatment) semi-private room		
In a hospital or a semi-hospital establishment	80% max. 30 days	20% max. 30 days
In a hospital or a semi-hospital establishment for more than 30 days of convalescence for further treatment	80% max. CHF 60 per day	20% max. CHF 15 per day
Long-term hospitalization in an establishment approved by the health authorities of the country concerned		
	Semi-private room 80% during 365 days	Semi-private room 20% during 365 days
Any extension of the period of hospitalization by an additional 180 days is subject to approval by the UNSMIS Medical Adviser, who shall determine whether the treatment is curative or of an indispensable palliative nature. If not the case, the insurance cover will be reduced by:		
During 180 days	80% max. CHF 180 per day	20% max. CHF 45 per day
During 180 days	80% max. CHF 120 per day	20% max. CHF 30 per day
During an indefinite period	80% max. CHF 60 per day	20% max. CHF 15 per day
EMS (nursing home)		
Medical or paramedical benefits related to a long-stay in a medicalized establishment (including nursing and geriatric care and other services normally provided by the establishment)	100% max. CHF 120 per day	No benefit
Short-term nursing care		
	80% max. 30 days	20% max. 30 days
Long-term nursing care at home or in a medical establishment provided by persons not on the staff of the establishment		
	80% max. CHF 80 per day	20% max. CHF 20 per day
Nursing or home help services		
Nursing or home help services required after an illness or an operation when convalescence does not entail hospitalization	80% max. CHF 45 per day max. 30 days	20% max. CHF 11.25 per day max. 30 days
Long-term home help services	80% max. CHF 250 per month	20% max. CHF 62.50 per month
Benefits for care in the home (nursing or home health services): assistance with hygiene and mobility		
Total dependency	Max. CHF 120 per day	No benefit
Partial dependency	Max. CHF 60 per day	No benefit

BENEFITS	UNSMIS	UNIQA COMPLEMENTARY HEALTH INSURANCE
Spa cures at establishments approved by the health authorities of the country concerned:		
Costs of treatment	80% max. 21 days 3 cures max. each 5 years	20% max. 21 days 3 cures max. each 5 years
Accommodation	Not reimbursed	No benefit
Not reimbursable: thalassotherapy, slimming and biological cures		
Detoxication treatments (alcohol, drugs)		
Accommodation and/or treatment in an establishment approved by UNSMIS and for a period approved in advance by the medical adviser	80% max. 3 cures	20% max. 3 cures
Stop smoking treatments (with prior approval of the treatment and duration by the medical adviser)	80% max. 3 treatments	20% max. 3 treatments
Treatment for obesity based on body mass index (BMI)		
BMI >30 and <15: medical treatment and sessions with an approved dietician	80% max. CHF 70 per session Max. 10 sessions	20% max. CHF 17,50 per session Max. 10 sessions
BMI > 35: medical treatment in hospital establishment	80% (time limit)	20% (time limit)
BMI > 40: hospitalization and surgical procedures (if loss of weight > 50 kg, reconstructive surgery may be covered)	As for "Doctors' fees" and "Hospitalization"	
Pharmaceutical expenses (subject to article VIII.8.g of the internal rules)		
Products reimbursed according to the criteria of the competent health authorities of the country concerned	80%	20%
Recommended vaccinations, on doctor's prescription	80%	20%
Homeopathic products deemed to be reimbursable according to the criteria of the competent health authorities of the country concerned	80%	20%
Homeopathic and phytotherapeutic products	80% max. CHF 1 500 per year	20% max. CHF 375 per year
Products not reimbursed according to the criteria of the competent health authorities of the country concerned	Not reimbursed	No benefit
Medical imagery (X-rays...), laboratory analyses and tests, with doctor's prescription)	80%	20%
Injections, radiotherapy and other specialized treatments approved by the Medical Adviser, with doctor's prescription	80%	20%
Sessions of lymphatic drainage (in particular further to a treatment of cancer, with doctor's prescription	80%	20%
Functional rehabilitation treatments, with doctor's prescription		
Physiotherapy, kinesitherapy, chiropractic, osteopathy, etiopathy, occupational therapy (ergotherapy), diathermy, ultrasounds, infrared, hydrotherapy, inhalations, fangotherapy	80% max. CHF 70 per session	20% max. CHF 17,50 per session
Treatments of naturopathy are not all authorised. Acupuncture and mesotherapeutic treatments for functional rehabilitation performed by the treating physician are reimbursed under the same conditions as for functional rehabilitation treatments.		
Psychiatric treatments		
Psychiatric or medico-psychological examination	80% once per year	20% once per year
Psychotherapy		
• Inpatient treatments:		
- Hospital charges	Same conditions as hospitalization in an approved establishment	
- Treatment by members of the hospital staff	80%	20%
- Treatment by a specialist who is not member of the hospital staff: for psychotherapy	80% max. CHF 120 per session	20% max. CHF 30 per session
• Outpatient treatments or day hospital consultations:		
outpatient treatment given by a psychiatric doctor or prescribed and provided by an approved psychotherapist		
- For psychotherapy (max. 50 sessions per year)	80% max. CHF 120 per session	20% max. CHF 30 per session
- Consultations by a psychiatrist (max. 6 visits per year)	80%	20%
Sleeping cures in an establishment with agreement of UNSMIS	80% (time limit)	20% (time limit)
Day hospital accommodation charges	Not reimbursed	No benefit

BENEFITS	UNSMIS	UNIQA COMPLEMENTARY HEALTH INSURANCE
Logopaedics, speech therapy and/or psychomotor treatments unrelated to learning difficulties	80% max. CHF 80 per session Max. 30 sessions	20% max. CHF 20 per session Max. 30 sessions
Devices		
Prosthetic appliances (other than dental)	80% of the accepted cost estimate	20% of the accepted cost estimate
Made-to-measure orthopedic arch supports with medical prescription	80% max. CHF 200	20% max. CHF 50
Hell and sole fittings purchased in pharmacy or specialized stores are not reimbursable	max. one pair every year	max. one pair every year
Lumbar support belts, neck braces (minerva jackets) joint support appliances with medical prescription	80% max. CHF 300 per item	20% max. CHF 75 per item
Manual wheelchair	80% max. CHF 3 500	20% max. CHF 875
Electric wheelchair	80% max. CHF 5 000	20% max. CHF 1 250
Electric wheelchair with standing functions	80% max. CHF 17 000	20% max. CHF 4 250
Hearing aids, excluding replacement in case of loss or breakage The use of the device must be certified as necessary by an otologist and the prescription must be accompanied by an audiogram	80% of the accepted cost estimate max. CHF 2 600 per phearing aid max. one appliance every 5 years	20% of the accepted cost estimate max. CHF 650 per phearing aid max. one appliance every 5 years
Breathing device (nCPAP) prior authorization by the medical adviser required		
• Initial trial period	80% max. 6 months	20% max. 6 months
• Purchase (including maintenance costs of the equipment)	80% max. CHF 2 800 every 5 years	20% max. CHF 700 every 5 years
Optical care		
In case of new membership, the reimbursement maximum is in proportion to the number of months of coverage		
Corrective eyeglasses (including contact lenses, bifocal or trifocal lenses or progressive lenses or any other corrective lens and frames) provided that they are certified as necessary by an oculist, ophtalmologist, optician or optometrist The prescription must indicate the corrective value in dioptries The eye exam done by an optician is not reimbursable	80% max. CHF 525 per year cumulative over two calendar years	20% max. CHF 318,5 per year cumulative over two calendar years
Cataract surgery Supplement for specific lens are reimbursed by benefits corrective eyeglasses	90% max. CHF 2 500 per eye	10% max. CHF 250 per eye
Femtocataract (if medically justified – with Prior Approval)	90% max CHF 1 500 per eye	10% max CHF 150 per eye
Refractive surgery of the cornea (laser surgery)	90% max. CHF 2 000 per eye in the lifespan	10% max. CHF 200 per eye in the lifespan
Intravitreal injection (doctor fees)	80% max. CHF 500 for doctor fees 80% for the medication	20% max. CHF 100 for doctor fees 20% for the medication
Dental care		
In case of new membership, the reimbursement maximum is in proportion to the number of months of coverage		
Odonto-stomatological treatment (dental treatment) and laboratory charges for dentures, prosthetic dental fees and radiology/radiography fees	80% max. CHF 2 500 per year cumulative over two calendar years	20% max. CHF 500 per year cumulative over two calendar years
Orthodontic treatment, including the cost of the apparatus	80% up to the max. of dental credits cumulative over two calendar years	20% up to the max. of dental credits cumulative over two calendar years
Maxillofacial surgery in the event of hospitalization Reparative maxillofacial surgical operations listed below performed by specialized maxillofacial surgeons are reimbursed by UNSMIS with the approval of the Medical Adviser: Cranio-facial malformation, facial fissures, orthograthtics, bone grafts, temporo-mandibular articulation	90%	10%

BENEFITS	UNSMIS	UNIQA COMPLEMENTARY HEALTH INSURANCE
Maternity (exclusion of maternity costs for children from 21 to 29 years of age)		
During pregnancy: coverage of all tests and ultrasound scans	80%	20%
Preparation for the delivery	80% max. CHF 200	20% max. CHF 50
Obstetrician or midwife's fees and nursing fees	80%	20%
Surgical operation (caesarian)	90%	10%
Stay in a clinic or hospital	Same conditions as hospitalization in an approved establishment	
After the delivery, coverage of 3 sessions or visits by a midwife or nurse if the length of stay in the medicalized establishment was not greater than 6 days	80%	20%
Infertility treatment (total credit)		
The total credit includes the costs for all treatments, medical procedures, consultations, examinations and other expenses normally associated with such treatment	80% max. CHF 20 000 in the lifespan	20% max. CHF 5 000 in the lifespan
Transports		
Emergency transport to the nearest place of treatment	80%	20%
Other transport in an ambulance up to 200 km	80%	20%
Round trip transport for outpatient treatment to the nearest place where appropriate treatment can be obtained up to a distance of 200 km	80%	20%
Expenses for rescue (help and evacuation) not bound to a rash initiative or a dangerous sport. The transport must be made by a means which corresponds to the medical requirements of the case	50% max. CHF 5 000 per year	No benefit
Repatriation costs and transport by private car	Not reimbursed	No benefit
Funeral expenses		
As far as they are not paid in full or in part by the organization	CHF 1 000	No benefit
Alternative - Natural medicine (ambulatory)		
Expenses for treatments according to the list of the recognized therapeutic methods and the recognized therapists which are not reimbursed by UNSMIS (acupuncture, ayurvedic medicine, Chinese medicine, etiopathy, homeopathy, kinesiology, lymphatic drainage, mesotherapy, neural therapy, phytotherapy, reflexology, Shiatsu...)	No benefit	90% of expenses with max. CHF 1 250 per 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 group insurance contract and 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: • 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: • 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
Travel reorganization (flight delayed or cancelled)	Max. CHF 5,000	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	Worldwide
Delayed delivery of baggage	Max. CHF 2,000	Outside of country of residence
Crisis assistance		
Module A: Special Risk Incident		
Trip cancellation/modification before or during the trip in case of political event, attack, epidemiologic risk or natural disaster	Max. CHF 10,000	Worldwide
Module B: Risk prevention and crisis management		
• Info & hotline - Telephone assistance 24/7 - Travellers' advice sites: travelsecurity.garda.com	Unlimited access	Worldwide
• Operational and proactive monitoring of trips - Secure registration of trips - Secure online registration - Proactive monitoring of trips	Compulsory for risk countries at risk Real-time	Worldwide
• Operational and crisis management assistance - Keeping safe and emergency evacuation assistance - Search and rescue in natural catastrophe - Arbitrary arrest	Max. CHF 15,000 Max. CHF 10,000 Max. CHF 5,000	Worldwide