



KPT, Postfach, CH-3001 Bern
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Voluntary Health Insurance (F)

Special conditions supplementary to the GCI
Edition of 01.2023

Contract

Purpose *F art. 1*

We insure individuals who transfer their legal domicile from Switzerland to another country by means of Voluntary Health Insurance. The insurance is offered on condition that invoices (for premiums, participation in costs) are paid by direct debit.

Annual fixed charge (deductible) *F art. 2*

- 1 The full annual fixed charge (deductible) chosen by the insured is due even for contracts running for less than one year.
- 2 On completion of the 18th year of age the minimum annual fixed charge is CHF 300.–.
- 3 You may opt for a higher annual deductible (excess) at the beginning of the following calendar year.
- 4 The higher annual deductible may be reduced or annulled at the end of the year while observing a 3-month period of notice. We are then entitled to carry out a risk analysis.

Benefits

Table of benefits *F art. 3*

In-patient treatment	Per day	1 to 90 days	90 to 180 days	181 to 720 days
	Hospitalisation	CHF 600.–	CHF 300.–	CHF 100.–
	Psychiatry/ Psychotherapy	CHF 600.–	CHF 100.–	
	Nursing homes		CHF 50.–	
	Medical rehabilitation	CHF 300.–, for a maximum of 60 days within 5 calendar years.		
Out-patient treatment not prescribed by a doctor	Medical treatment		90 % of costs.	
	Psychotherapy/ Psychiatry	90 % of costs, maximum CHF 3,000.– per calendar year.		
	Chiropractor	90 % of costs, maximum 24 sessions per calendar year.		
	Midwife		90 % of costs.	
	Out-patient Hos- pital treatment		90 % of costs.	



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	Per day	1 to 90 days	90 to 180 days	181 to 720 days
Out-patient treatment prescribed by a doctor	Physiotherapy	90 % of costs, maximum 36 sessions per calendar year.		
	Ergotherapy	90 % of costs, maximum 24 sessions per calendar year.		
	Speech therapy	90 % of costs, maximum 24 sessions per calendar year.		
	Nurse/nursing auxiliary (Spitex)	90 % of costs, maximum CHF 2,000.– per calendar year.		
Medicaments / Dressing material (pharmacist) of	90 % of costs provided a doctor's prescription is submitted. No costs are accepted for the following: Preventive medication; contraceptives; bathing, showering and washing preparations; chemical preparations for the care contact lenses, sexual stimulants/restoratives; vitamin preparations; medicaments for the treatment of obesity; foods, diet products, artificial sweeteners, articles consumed for stimulation/enjoyment, mineral water; hygienic articles; homeopathic, phytotherapeutic, oligosolic and anthroposophic medicaments, hair restorer.			
Maternity	CHF 150.– per birth toward prenatal courses. CHF 100.– per birth toward postnatal gymnastics. A waiting period of 270 days is applied for these benefits.			
Babies	CHF 100.– contribution to babies insured under the Voluntary Health Insurance plan.			
Preventive gynaecological examination	90 % of costs.			
Sterilisation / vasectomy	90 % of costs, maximum CHF 300.–			
Check-up	90 % of costs, maximum CHF 200.– per calendar year. Exceptions: Check-ups required by employers, the Police Traffic Department, insurance companies, authorities, government departments and institutions.			
Transport	90 % of costs, maximum CHF 500.– within a 90 day period toward medically necessary emergency transport to the nearest doctor or to the nearest hospital or for transfer between hospitals.			
Eye glasses / contact lenses	CHF 200.– per calendar year for necessary spectacles or contact lenses prescribed by a doctor or an optician.			
Apparatus	90 % of costs (for rent or purchase), maximum CHF 1,000.– per calendar year, if the apparatus is prescribed by a doctor.			
Laboratory analyses	90 % of costs.			
Dental treatment	50 % of costs, maximum CHF 300.– per calendar year.			
Spa cures	CHF 10.– per day for a maximum of 21 days per calendar year if a doctor's prescription is submitted.			



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Service providers *F art. 4*

- ¹ The benefits in art. 3 are accepted if these are provided by individuals or institutions with the necessary training, recognition and authorisation. The following is a conclusive list of service providers: doctors with a university degree in human medicine, chiropractors, physiotherapists, ergotherapists, speech therapists, midwives, nurses and nursing auxiliaries, pharmacists, laboratories and hospitals.
- ² Responsibility for proving that the service provider is duly recognised rests with the insured person.
- ³ Treatment in Switzerland is provided according to the stipulations of the FLHI (KVG).

Tariffs *F art. 5*

We pay compensation in accord with the customary local tariffs. Reduced payment will be made if excessively high bills are submitted.

Duration of benefits *F art. 6*

- ¹ If in-patient treatment lasts longer than 720 days within a 900 day period no further benefits will be paid.
- ² If in-patient psychiatric treatment continues without an interruption of at least 90, or as the case may be 180 days, the treatment is counted as one incident.

Obligations

Notification and verification *F art. 7*

Insurance claims must be made on the special «Declaration of Illness» form.

Administration

Addresses *F art. 8*

You have to provide an address in Switzerland for correspondence and payments (bank or postal account). All legally binding information pertaining to the insurance will be sent to the most recent address available to us.

Legal venue *F art. 9*

The legal venue is Berne (Switzerland).

Age group

Change of age group *F art. 10*

The premium level of your supplementary insurance is tarified according to age. Change to a higher age group is usually associated with an increase in the premium. It takes place on January 1 of the year in which you attain the age effective for the change.

The age groups are as follows:

0–18; 19–25; 26–30; 31–35; 36–40; 41–45; 46–50; 51–55; 56–60; 61–65; from 66 years of age.

Berne, 1 June 2022
KPT Versicherungen AG