

SWISSCARE

SPSS PLAN

International student health insurance Switzerland

General insurance conditions (GIC) E820-11.26
Edition 10.2026

Insured by



ERV, a branch of Helvetia Swiss Insurance Company Ltd
Managed by Swisscare Switzerland AG, Insurance Broker

Information about your insurance

Dear Client,

We would like to inform you about the identity of the insurer and the material content of the insurance contract (Art. 3 of the Insurance Contract Act SR 221.229.1).

Who are your contractual partners?

The risk carrier for the present insurance is: Helvetia Swiss Insurance Company Ltd, Dufourstrasse 40, CH-9001 St. Gallen. The insurance lies with: European Travel Insurance (entitled ERV in the GCI), a branch of Helvetia Swiss Insurance Company Ltd, headquartered at St. Alban-Anlage 26, P.O., CH-4002 Basel. The management of the product is delegated to Swisscare Switzerland AG, Insurance Broker, FINMA registration number F00183042, Morgenstrasse 129, 3018 Bern in Switzerland, hereinafter «Swisscare».

Which risks are covered and what is the scope of the insurance coverage?

The insurance application, the certificate and the corresponding General Conditions of Insurance (GCI) stipulate the events upon whose occurrence ERV is obliged to make a payment.

Which insurance benefits are paid?

The amount and/or maximum limit and the type of insurance benefits can be gathered from the insurance application, the certificate and the corresponding GCI. The same applies to any deductibles or waiting periods.

How high is the premium?

The price of the premium is dependent on the selected coverage and the insured risks. Details of the premium and the statutory duties and fees (e.g. Swiss Federal stamp duty) can be found in the quote, the insurance application or on the certificate and premium note. The premium is generally paid once a year. Other types of payment are possible on request and may involve a supplemental charge.

Duties of the Policyholder and Insured

The essential duties of the Policyholder and the Insured include but are not limited to the following:

- In the event of a claim, it must be reported to ERV immediately using the contact information under article 1.2 of the present GCI.
- The Policyholder and Insured have a legal obligation to cooperate with ERV during the claims processing, especially in order to obtain further information and to minimize the claim (obligation to cooperate).
- In the event of a claim, reasonable action must be taken to mitigate damages (duty to minimize the claim).
- In the event of a claim, the medical documents must be submitted in English or in one of the following official Swiss languages German, French or Italian.
- A Swiss bank account (CH-IBAN) must be provided for reimbursement.

When does your contract of insurance commence and end?

The contract commences on the date stated on the insurance application and on the certificate. If proof of insurance or a temporary coverage notice was issued, ERV will grant insurance coverage from the date specified therein until delivery of the certificate. After the expiration of the initial contract period, the contract will be tacitly renewed for successive terms of one calendar year unless one of the contracting parties gives three months written notice **by signed letter** (September 30th, post stamp is decisive) of termination to the end of the calendar year. The termination becomes final, once the Insured has handed in proof of the new insurance provider, ensuring that there is no coverage gap.

The contract may be terminated prematurely (extraordinary cancelation) for the following reasons:

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- Following a claim event for which ERV has made payments: by the Policyholder within 14 days of being notified of the payment; the insurance cover will be terminated 14 days after receipt of the notice of cancellation, at the latest at the end of the month.
 - In the event of an increase in the premiums or deductibles by Swisscare, by the Policyholder, or the Insured at the end of the calendar year if written and signed notice has been given by the 30th of November of the current year. The termination becomes effective, once proof of the new insurance beginning on the 01.01 of the following year has been handed in. Officially prescribed adjustments (such as changes in the premiums, deductibles, the indemnity limits, the scope of coverage or the duties and fees) shall be reserved in the case of coverage regulated by legal provisions.
 - In the event the Insured definitively leaves Switzerland or Liechtenstein, the contract must be terminated at the date of official departure. As proof the Insured is obligated to hand in an attestation of departure from the local city hall or a deregistration confirmation, this date is decisive in defining the month at the end of which the insurance coverage will end. Those Insured who have not registered with the local city hall due to the nature of their stay, must hand in a copy of their permit or confirmation of limited stay from the authorities, which in turn defines the date at the end of which the insurance coverage will end.
 - In the event the Insured is no longer eligible to be insured with Swisscare, the Insured or Policyholder must hand in proof of the end of eligibility, and a confirmation of insurance from the new Swiss mandatory health insurance provider, effective from the date on which the person is no longer eligible to remain insured with Swisscare. This may be, for example, the day following their deregistration from their educational institution, the day following the expiry of their most recent exemption confirmation, the date of their marriage to a Swiss citizen, or the date on which they commence full-time gainful employment.
 - In the event an insured is no longer eligible the right to terminate remains reserved.
 - In the event that the Insured has a change of civil status or residence status, they may lose their eligibility status and must contact Swisscare immediately and inform them of any such changes.

If the contract is terminated early, Swisscare reimburses the overpaid premiums in accordance with the statutory and contractual provisions.

Data Protection ERV

All personal data will be processed in accordance with the current data protection legislation. The controller of the processing of your personal data is ERV. The data protection notice available at www.erv.ch/privacy-policy contains further information on the purposes for which personal data is processed (e.g. operating of insurance business, marketing activities, pricing and individual product creation, risk assessment and settlement of claims, recipients in Switzerland and abroad) as well as your rights.

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1. General conditions

1.1 Basis of the insurance contract

- A The risk carrier for the present insurance is: Helvetia Swiss Insurance Company Ltd, Switzerland. The insurance lies with: European Travel Insurance, a branch of Helvetia Swiss Insurance Company Ltd. ERV undertakes to provide the insured benefits within the framework of the following conditions. The insured person shall reserve the right to assert a claim directly against ERV.
- B ERV has delegated the management of the insurance policies to Swisscare Insurance Services (Switzerland) AG, Morgenstrasse 129, 3018 Bern, in Switzerland (hereinafter «Swisscare»).
- C Where nothing else has been stated within this contract or in writing, the contract is governed by the provisions of the Swiss Federal Act on Insurance Contracts SR 221.229.1 (Insurance Contract Act, ICA).
- D The insurance quote, the insurance certificate and the general insurance conditions (GCI) form the basis of the insurance contract.

1.2 Contact

Policy Management

SWISSCARE Switzerland AG
Insurance Broker
FINMA Nr. F00183042
Customer Care Unit
Morgenstrasse 129
CH-3018 Bern
Tel. +41 (0)58 523 00 40
switzerland@swisscare.com
www.swisscare.com

Claims Management

ERV
P. O. Box
CH-4002 Basel
Tel. +41 (0)58 275 27 27
swisscare-claims@erv.ch

Emergency 24 / 7

Out of office hours and only in cases of emergency, the Insured or his Representative can contact the following number: Tel. +41 (0)44 655 12 59

1.3 Aim of the insurance

- A Based on Art. 2.4 of the Ordinance of 27th June 1995 on health insurance (OAMal), the aim of this insurance is to guarantee to foreign persons living in Switzerland or Liechtenstein temporarily for educational purposes, insurance coverage for illness, accidents, and pregnancy. This coverage is based on the benefits of the Federal Law on Health Insurance of 18th March 1994 (KVG/ LAMal).
- B These benefits are supplemented by the complementary insurance coverage according to Art. 3.1 to 3.10 of the present General Conditions of Insurance (GCI).

1.4 Insured person

- A The person declared in the insurance certificate is considered to be the insured person.
- B Foreign persons living in Switzerland or Liechtenstein temporarily for educational purposes may apply for the health insurance, provided that they are eligible to be exempted from the obligation to obtain a Swiss state insurance under the Federal Law on Health Insurance (KVG/LAMal SR 832.10) and the applicable ordinances. This eligibility must be proven by the applicant, only individuals who are able to fulfill their purpose of their stay can be exempt.

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- C Insured and Policyholder are both implied by «Insured» in the following terms and conditions, especially concerning obligations.

1.5 Extent of the insurance

- A The insurance is valid in Switzerland and Liechtenstein.
- B When the Insured is outside of Switzerland or Liechtenstein temporarily, the insurance provides coverage only in cases of emergency and for a maximum of double the cost of the same treatment in the canton of residence in Switzerland or Liechtenstein.
- C An emergency is any unplanned medical treatment which necessitates immediate medical intervention and when the Insured cannot wait to return to Switzerland or Liechtenstein for treatment.
- D **Accident**
An accident is a sudden unintended harmful effect of an unusual external factor on the human body which results in an impairment of the physical, mental or psychological health or death.
- E **Illness**
Illness means any impairment of the physical, mental or psychological health which is not a consequence of an accident and requires a medical examination or treatment or results in incapacitation from work.
- F In case an illness or accident occurs in Switzerland or Liechtenstein, and the Insured elects to seek treatment abroad, the attending physician or hospital is obliged to send a request for coverage of medical costs to ERV. Voluntary non-emergent procedures abroad will not be covered without ERV's prior written consent.

1.6 Payment and change of the premium, plan level or deductible

- A **The premium is always due in advance** (before the period of coverage begins) for an annual duration. By special agreement, this premium can also be paid in monthly, quarterly or half-yearly installments.
- B Premiums are due for payment according to the date specified on the invoice. If the premiums are not paid by the respective due date Swisscare will, at the policyholder's expense, send them a written reminder to pay within **14 days**, warning of the consequences of failure to pay within this time. If this reminder is unsuccessful, ERV's obligation to pay benefits will be suspended from the expiry of the reminder period until the premiums have been paid in full.
- C In the event of reminders and debt enforcement, Swisscare charges the following fees:
- statutory reminder CHF 20,
 - initiating debt enforcement (plus official enforcement costs and court costs) CHF 50,
 - deletion of a debt enforcement CHF 80 (deletion will only be performed if all outstanding amounts have been settled).
- D Swisscare can adjust premiums, deductibles, and franchises based on the cost development and changes in applicable legislation. The changes will always apply to the beginning of the following calendar year after communicating the changes.
- E Swisscare must inform the Insured/Policyholder of the new provisions of the insurance contract no later than 30 days before the end of the current calendar year. In this case, the Insured is entitled to give the notice to terminate the insurance contract at the end of the current calendar year. The notice must be provided in writing to reach Swisscare no later than on 31.12. (date as postmarked).
- F If the insurance contract is not canceled within this deadline, the new premiums, deductibles, co participations and/or conditions will be considered as accepted.
- G To change the plan level (Basic, Smart, Top), or the amount of the deductible, the Insured/Policyholder must give notice by the 30. September for the change to come into effect from the 01.01. of the following year on.

1.7 Obligations of the Insured / Policyholder

- A The Insured and Policyholder must take all steps before and after a claim which can help avert or mitigate the consequences and clarify the circumstances of the loss or damage.
- B When the Insured wishes to make a claim for medical costs, all documents, reports, medical certificates, bills and receipts (non-exhaustive) as well as the account details (IBAN of bank or post office account) must be provided to ERV.
- C Changes in address, residence permit status, marital status or cases of death must be announced to Swisscare within **30 days**. Contrary provisions are reserved. In cases of lateness or omission, Swisscare reserves the right to claim back any expenses incurred.
- D The Insured specifically authorizes all medical personnel who have provided treatment during illness, accident or on other occasions, to provide the medical specialist at ERV with all the information necessary to assess the consequences of the claim. For this purpose, the Insured releases the medical professionals from their obligation of professional secrecy.
- E ERV reserves the right to seek, at its own expense, the opinions of doctors or specialists of its choice to evaluate the state of health or fitness for work of the Insured. The Insured must undergo these medical appraisals to determine the diagnosis and clarify his entitlement to the benefits.

1.8 Entitlement to benefits provided by third parties for the same claim

- A The insurance benefits of the present general insurance conditions are subsidiary to all other entitlements from foreign social and private insurances, in particular, obligatory foreign care insurances. In the case of double or multiple insurances, the benefits of the present general insurance conditions are subsidiary to any entitlement from third parties for the same claim. If the general insurance conditions of the third-party insurance also have a subsidiary clause, the rules of multiple insurance of the Insurance Contract Act SR 221.229.1 (LCA) will be applicable.
- B Upon the occurrence of the insured event, ERV shall be subrogated to the extent of the benefits provided to all the rights of recovery of the Insured, who shall execute all documents required and shall undertake all acts necessary to secure such rights and enable ERV bring suit to enforce such rights effectively. ERV is not bound by agreements made between the Insured and the liable third party.

1.9 Time-barring

Claims under the insurance contract are time-barred five years after the occurrence of the circumstance on which the obligation to provide benefits is based.

1.10 Applicable law and Jurisdiction

- A The contract is governed exclusively by Swiss Law, in particular by the Swiss Insurance Contract Act SR 221.229.1 (ICA) and concerning the benefits of the health insurance coverage by the Swiss Health Insurance Act SR 832.10 (KVG/LaMal) and the applicable ordinances.
- B The contractual obligations are governed by Swiss law and the applicable currency is Swiss Francs.
- C The person entitled to the benefits may choose exclusively between the Swiss place of residence or the domicile of ERV, Basel, as the place of jurisdiction.
- D Should one, or several of the clauses be declared null and void or not applicable, this.

1.11 Additional provisions

- A Payments received unrightfully from ERV must be returned within 30 days to the company, including any expenses incurred by ERV as a result.

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- B When ERV pays the claim, the Policyholder shall assign his claim resulting from the insurance contract as an automatic lump sum to ERV.
 - C ERV shall not be deemed to provide cover and ERV shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose ERV to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Switzerland, the European Union, United Kingdom or United States of America.

2. Medical benefits equivalent to KVG/LAMaI

2.1 Extent and duration of the benefits

- A The Insured has a free choice of doctors and hospitals among the service providers recognized under KVG/LAMaI, who are licensed to provide the necessary care services in the event of illness, accident or maternity in Switzerland or Liechtenstein.
- B In the event of inpatient treatment, ERV covers the costs of a stay in the general ward in Switzerland or Liechtenstein.
- C The insurance benefits must be efficient, appropriate and economical in accordance with art. 32 para. 1 and art. 56 of Swiss Health Insurance Act SR 832.10 (KVG/LAMaI).
- D ERV's obligation to cover medical expenses ceases after the termination of the insurance contract. This is also applicable to any ongoing treatments. The date the treatment took place is decisive.
- E After the insurance contract has come into force, and the Insured is entitled to the benefits, the benefits are paid out chronologically, according to the date of treatment.

2.2 Insurance benefits and deductible

- A The extent of the benefits in the event of illness, accident, and maternity is determined by the Federal Health Insurance Swiss Health Insurance Act SR 832.10 (KVG/LAMaI) and its implementing ordinances, in particular, the Ordinance on Benefits in Healthcare Insurance SR 832.112.31 (OPAS).
- B The insurance benefits concerning health insurance coverage that is equivalent to the benefits foreseen by the Swiss Health Insurance Act SR 832.10 (KVG/LAMaI) are not complementary, they constitute equivalent coverage. The insurance benefits that are supplementary (smart and top coverage) are to be considered as complementary and are submitted exclusively to the Swiss Insurance Contract Act SR 221.229.1 (LCA).
- C The insurance benefits are subject to a yearly deductible sum (a fixed amount per calendar year) and a co-payment of 10% up to CHF 700 per calendar year. The annual deductible sum is stated on the insurance certificate.
- D The different benefits provided by the Basic, Smart and Top product variations are listed in the benefits list.

3. Travel coverage

The maximum sums insured for the following benefits are stated on the insurance certificate and in the benefits list below.

3.1 Hospital visit by a family member

If the Insured must stay for more than seven days in a Swiss hospital, ERV will bear the cost of one family member for the travel to the sickbed of the Insured (flight in economy class/medium-priced hotel).

3.2 Return to home country (Repatriation)

- A If the Insured is unable to continue his studies in Switzerland or Liechtenstein because of a severe illness or severe injury, ERV will cover the costs
- of a medically attended emergency transport to the hospital suited for the treatment at the place of residence of the Insured.
 - of the return journey to the home country of the Insured.
- Only ERV's doctors decide on the necessity, nature and timing of these benefits.
- B In the event of the death of the Insured, ERV will pay the costs of returning the coffin or urn to the home country of the Insured.
- C Only ERV's doctors decide on the necessity, nature, and timing of these benefits.

3.3 Accident capital

- A In case of death of the Insured person as the result of an accident or within five years of an accident as a consequence thereof, ERV shall pay the sum specified in the insurance certificate and in the benefits overview, namely to those beneficiaries specified in the insurance certificate or, if none are given, to the legal heirs; with the exception of the tax authorities and the creditors of the estate. Any disability benefits already made as a result of this contract are deducted from the sum insured in case of death.
- B In case of disability which is medically diagnosed at the latest within five years of the date of the accident and is defined to be 100% according to the chart below of art. 3.3 par. C, ERV shall pay the capital specified in the insurance certificate and on the benefits list; in case of partial disability, an appropriate percentage thereof.
- C The degree of disability is stipulated as listed below:
- | | |
|--|------|
| • loss of a least two phalanges of a finger (other than the thumb) or one phalanx of the thumb | 5% |
| • loss of a thumb | 20% |
| • loss of a hand | 40% |
| • loss of an arm at or above the elbow | 50% |
| • loss of a big toe | 05% |
| • loss of a foot | 30% |
| • loss of a kidney | 20% |
| • loss of the spleen | 10% |
| • loss of sexual organs or reproductive capacity | 40% |
| • loss of sense of smell or taste | 15% |
| • loss of hearing in one ear | 15% |
| • loss of vision on one side | 30% |
| • complete deafness | 85% |
| • complete blindness | 100% |
| • habitual shoulder dislocation | 10% |
| • loss of a leg at the knee joint | 40% |
| • loss of a leg above the knee joint | 50% |
| • loss of an ear lobe | 10% |
| • loss of the nose | 30% |
| • scalping | 30% |
| • very severe facial disfigurement | 50% |
| • severe impairment of the ability to chew | 25% |
| • very severe painful functional limitations of the spine | 50% |
| • paraplegia | 90% |
| • tetraplegia | 100% |

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- very severe impairment of the lung function 80%
 - very severe impairment of the kidney function 80%
 - impairment of mental functions such as memory and concentration 20%
 - post-traumatic epilepsy with seizures, or without seizures due to permanent medication 30%
 - very severe organic speech disorder, very severe motor or psycho-organic syndrome 80%
- D The complete loss of function of limbs or organs is treated the same as a loss. For partial loss or only partial loss of use of limbs, an appropriate lower degree of disability shall be applicable. If several body parts are affected, the severity of the disability, which cannot exceed 100%, is determined by adding the individual percentage rates together.
- E If the actual degree of loss is not of the stated combinations, the severity of the disability is determined on the basis of a medical diagnosis according to the percentages listed above, taking into account the circumstances of the Insured.
- F If body parts were partially or fully lost or unusable before the accident, the list above shall be used as a basis for calculating the severity of the disability.

3.4 Glasses and contact lenses

ERV pays CHF 50 once every two years for spectacle lenses with a correction and contact lenses with a correction. For this purpose, the Insured must undergo an eyesight test performed by an ophthalmologist or optician and produce the supporting documentation to ERV.

3.5 Travel protection

- A ERV reimburses the provably incurred cancellation costs (excl. security fee and airport taxes) if the Insured is unable to start the booked travel service as a result of unforeseen severe illness or severe injury, provided such an event begins after the insurance has been concluded and after the journey has been booked.
- B **Exclusions:**
- a) if the service provider (e.g. travel company, hirer, organizer) cancels the agreed service or should have canceled the service for objective reasons;
 - b) if the illness/complaint which gave rise to the annulment is a complication or consequence of an operation already planned prior to the commencement of insurance coverage or at the time the journey was booked;
 - c) if an illness or the consequences of an accident, an operation or medical treatment already existed at the time of booking the trip and have not been resolved by the time of departure;
 - d) if the medical certificate was not made out as soon as the inability to travel could have been established;
 - e) in the event of cancellation as a result of conditions of fatigue and exhaustion, nervous, mental and psychosomatic disorders.
- C In the event of theft or loss of a passport, identity card, drivers license, vehicle log book and similar documents, ERV will bear the replacement costs. In order to be entitled to benefits from ERV, the Insured shall seek within 48 hours of the loss an official investigation at the nearest police station or obtain an official police report of the incident.

3.6 Baggage delay

- A The insurance cover is valid worldwide, exclusively during the transport by a public means of transport, and for as long as the insured objects are in the care of a transport company.
- B The insurance covers late delivery (by at least six hours) by a means of public transport. There is no right to indemnification for the return journey to the place of residence.
- C All items which the Insured take on the trip for their own personal use are insured.

D Non-insured items

The insurance does not cover:

- a) cash, tickets, securities, software, precious metals, deeds and documents of all kinds, precious stones and pearls, items for professional use, items with artistic or collector value, musical instruments, motor vehicles, trailers, boats, surfboards, caravans and aircraft, each including accessories;
- b) items covered by special insurance;
- c) medical aids that were voluntarily placed in the care of the transport company for conveyance.

3.7 Flight delay (missed connection)

- A Insurance cover is valid worldwide, with the exception of the country of residence, for the duration specified in the policy, for as long as and as often as the Insured is away from their permanent home.
- B If a connection between two flights is missed owing to a delay of at least three hours due solely to the fault of the first airline, ERV shall as a supplement to the benefits provided by the airline pay the additional costs (hotel costs, rebooking costs, phone charges) to enable continuation of the journey. The benefit is limited to the sum insured.
- C Benefit payments are excluded if the Insured is responsible for the delay.

3.8 Exam protection

- A If the Insured is unable to attend the final examination or test to obtain the intended certificate as a result of unforeseen severe illness or severe injury, the Insured is given a voucher equivalent to the examination fee charged, but a maximum of CHF 500, to enable the Insured to retake the equivalent examination at an internationally recognized institution within one year.
- B Not insured are conditions of fatigue and exhaustion, nervous, mental and psychosomatic disorders.

3.9 Event protection

ERV provides insurance cover if the Insured is unable to take part in the event by reason of any of the following occurrences: unforeseen serious illness, serious injury, serious complication of pregnancy.

3.10 24-h helpline

- A Please contact in cases of emergency the 24-hour helpline by dialing the number +41 (0)44 655 12 59. It will be available to you day and night (including Sundays and public holidays).
- B The 24-hour helpline will offer advice to you concerning the steps to be taken, and it will organize the necessary assistance and help you to locate a suitable doctor or hospital.
- C In the event of theft or loss of credit cards and mobile phones, the 24-hour helpline provides the organization (but not the cost) of blocking the device.
- D ERV will pay a repayable advance on costs of up to CHF 5000 per person if an insured person has to be hospitalized abroad (reimbursement within 30 days of return to the place of residence in Switzerland or Liechtenstein).

4. Benefits List (BEN)

Foreign Student Health Insurance Switzerland

Foreign students, academics, interns, au pairs

		Basic	Smart	Top
General	Currency	CHF	CHF	CHF
	Insurance sum	KVG/LAMal (unlimited)	KVG/LAMal (unlimited)	KVG/LAMal (unlimited)
	Annual deductible	500 1000 1500 2500	500 1000 1500 2500	500 1000 1500 2500
	Territoriality	worldwide	worldwide	worldwide
Hospitalization / Inpatient Treatments	Switzerland or Liechtenstein (general ward)	KVG/LAMal	KVG/LAMal	KVG/LAMal
	Abroad ¹	KVG/LAMal	KVG/LAMal	KVG/LAMal
Ambulatory/Outpatient Treatments	Hospital	KVG/LAMal	KVG/LAMal	KVG/LAMal
	General practitioner	KVG/LAMal	KVG/LAMal	KVG/LAMal
	Psychiatrist (in- and outpatient)	KVG/LAMal	KVG/LAMal	KVG/LAMal
	Psychologist	KVG/LAMal	KVG/LAMal	KVG/LAMal
	Psychologist not covered by KVG/LAMal	no	no	50% max. 500 per year
	Specialists	KVG/LAMal	KVG/LAMal	KVG/LAMal
Maternity	Pregnancy	KVG/LAMal	KVG/LAMal	KVG/LAMal
	Childbirth in Switzerland or Liechtenstein	KVG/LAMal	KVG/LAMal	KVG/LAMal
	Childbirth abroad ¹	8000	8000	16000
	Antenatal classes	150	150	500
	Normal pregnancy check-up	7x	7x	11x
	Obstetric ultrasound examination	2x	2x	6x
Medicine	Prescription medicine	KVG/LAMal	KVG/LAMal	KVG/LAMal
	Alternative medicine	KVG/LAMal	KVG/LAMal	KVG/LAMal
Prevention	Medically recommended inoculations and travel vaccinations not covered by KVG/LAMal	no	no	50% max. 100 per year
	Additional preventive healthcare benefits (medical and gynecological check-ups) not covered by KVG/LAMal	no	no	200 per year
	Full-year and half-year memberships for fitness training in fitness centers (strength training or group fitness courses)	no	no	50 per year

		Basic	Smart	Top
Emergency treatments	Emergency treatments (in- and outpatient)	worldwide	worldwide	worldwide
Dental treatments²	Accident	KVG/LAMaI	KVG/LAMaI	KVG/LAMaI
	Illness ³	KVG/LAMaI	KVG/LAMaI	KVG/LAMaI
	Illness not covered by KVG/LAMaI	no	no	50% max. 500 per year
	Contribution to dental care/hygiene	no	no	50% max. 200 per year
	Contribution to X-rays, fillings and extractions, if not due to one of the pathologies in the KLV	no	no	50% max. 100 per year
Transport and rescue	Ambulance & transport	50% max. 500	unlimited	unlimited
	Rescue	50% max. 5000	unlimited	unlimited
Hospital visit of a family member	Flight in the economy class/medium-priced hotel	no	no	5000
Return to home country	Return to home country (Repatriation)	30 000	30 000	30 000
	Repatriation of mortal remains	yes	yes	yes
Accidental capital	Accidental death	no	no	10 000
	Accidental disability	no	no	20 000
Glasses and contact lenses	Glasses and contact lenses	no	50/every 2 years	50/every 2 years
Travel protection	Trip cancellation (accident and illness)	no	1000	1000
	Recovery of passport and ID card	no	200	200
	Baggage delay	no	500	500
	Flight delay	no	500	500
Exam protection	Examination fee (accident and illness)	no	no	500
Event protection	Event cost	no	100 per year	100 per year
24-h helpline	Help with the choice of a doctor and hospital	yes	yes	yes
	Mobile phone- and creditcard-blocking service	yes	yes	yes
	Cost advance for hospitalization abroad	5000	5000	5000

¹ Only with ERV's consent, according to GCI Art. 1.5 F.

² Excl. dental hygiene and treatments in Switzerland and Liechtenstein only

³ In consideration of Art. 17 KLV and Art. 19 KLV (Krankenpflege-Leistungsverordnung).