

SPSS Plan

International student health insurance Switzerland

GENERAL INSURANCE CONDITIONS

GIC-SPSS-01.2022





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 GIC), a branch of Helvetia Swiss Insurance Company Ltd, headquartered at St. Alban-Anlage 56, P.O, CH-4002 Basel. The management of the product is delegated to Swisscare Switzerland AG, Insurance Broker, FINMA registration number 33060, 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 Insurance Conditions (GIC's) 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 GIC's. 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 GIC's.
- 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).

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:

- 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 30st 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, the contract must be terminated at the end of the month of 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 term defines the month 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 that is to start on the first of the month following the end of the Swisscare insurance product..
- 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

Data acquisition and processing serve the business of insurance transactions, marketing, selling, administration, mediation of products and services and risk assessment, as well as the handling of insurance contracts and any secondary business associated with this.

The data is physically and/or electronically acquired, processed, stored and deleted in accordance with the regulations of the legislator. Data which concerns business correspondence must be stored for at least 10 years from contract termination and claims data for at least 10 years after completion of the claim.

In essence, the following data categories are processed: interested parties' data, customer data, contract- and claims data, health-related data, data from injured parties and claimants as well as debt collection data.



ERV is authorized to disclose all this data to the extent required to co-insurers and reinsurers, official bodies, insurance companies and institutions, central information systems of the insurance companies, other entities within the group of companies, cooperation partners, hospitals, doctors, external experts and other involved parties in Switzerland and abroad and to obtain information from all of the above. This authorization includes, in particular, the physical and/or electronic storage of data, the use of the data for determining the premium, assessing risk, processing insured events, combating abuse, preparing statistical evaluations and, within the group of companies, including cooperation partners, also for marketing purposes, including the creation of client profiles for the purpose of offering the applicant individual products.

The data protection declaration from Swisscave is on the last page of these General Insurance Conditions under Paragraph 5. .

What fees are charged?

In the event of reminders and debt enforcement, Swisscave may charge the following fees:

- fee for a statutory reminder CHF 20,
- fee for initiating debt enforcement (plus official enforcement costs and court costs) CHF 50,
- fee for the deletion of a debt enforcement CHF 80 (deletion will only be performed if all outstanding amounts have been settled).

What else must be observed?

The actual insurance contract remains decisive in any case. In case of doubt about interpretation and content of all documentation, the English version shall prevail.



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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 (GIC) form the basis of the insurance contract.

1.2 Contact

Policy Management

SWISSCARE Switzerland AG
Insurance Broker
FINMA Nr. 33060
Customer Care Unit
Morgenstrasse 129
CH-3018 Bern
Tel. +41 (0)58 523 00 40
Fax +41 (0)58 523 00 41
info@swisscare.com
www.swisscare.com

Claims Management

ERV
Swisscare Claims Department
St. Alban-Anlage 56
P. O. Box
CH-4002 Basel
Tel. +41 (0)58 275 27 27
Fax +41 (0)58 275 27 30
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 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 (LAMal).
- B These benefits are supplemented by the complementary insurance coverage according to Art. 3.1 to 3.7 of the present general insurance conditions (GIC).



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 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.
- 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 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.
- C An emergency is any unplanned medical treatment which necessitates immediate medical intervention and when the Insured cannot wait to return to Switzerland 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, 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 Policy duration, renewal, and termination

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:

- 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, the 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, the contract must be terminated at the end of the month of departure on the departure date. 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 term defines the month 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 that is to start on the first of the month following the end of the Swisscare insurance product.
- 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 not spent in accordance with the statutory and contractual provisions.

1.7 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 premium is not paid on the respective due date, Swisscare sends the Policyholder or Insured, at his/her own expense, a written reminder calling upon him to make payment within **15 days** as well as the consequences of failing to do so. If this reminder has no effect, coverage is suspended 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 (STANDARD, COMFORT, PREMIUM), 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.

1.8 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.
- E 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.
- F 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.

1.9 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 double 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.

1.10 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.

1.11 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 In case of doubt about the interpretation and content of the GIC's, the English version shall prevail.
- E Should one, or several of the clauses be declared null and void or not applicable, this does not have any effect on the other clauses of these conditions. They remain fully applicable.

1.12 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.
- 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 only provides insurance cover, and may only be liable for damage claims or other benefits in so far as these are not in breach of any sanction or restriction per UN resolutions, or in breach of any trade or economic sanctions imposed by Switzerland, the European Union or the United States of America.

2. MEDICAL BENEFITS EQUIVALENT TO KVG / LAMAL

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 / LAMal, who are licensed to provide the necessary care services in the event of illness, accident or maternity in Switzerland.
- B In the event of inpatient treatment, ERV covers the costs of a stay in the general ward in Switzerland.
- 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 / LAMal).
- 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 / LAMal) 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 / LAMal) are not complementary, they constitute equivalent coverage. The insurance benefits that are supplementary (comfort and premium 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 STANDARD, COMFORT and PREMIUM 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 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 both legs or feet, both arms or hands | 100% |
| loss of an arm or a hand and likewise a leg or a foot | 100% |
| full paralysis, untreatable, any mental disorder preventing work | 100% |
| loss of an arm at or above the elbow joint | 70% |
| loss of a lower arm or a hand | 60% |
| loss of a thumb | 22% |
| loss of an index finger | 15% |
| loss of another finger | 8% |
| loss of a leg at or above the knee joint | 60% |
| loss of a leg below the knee | 50% |
| loss of a foot | 40% |
| loss of sight in both eyes | 100% |
| loss of sight of one eye | 30% |
| loss of sight of the second eye for one-eyed people | 70% |
| loss of hearing of both ears | 60% |
| loss of hearing of one ear | 15% |
| loss of hearing of one ear, if that of the other ear had already been completely lost before the insured event occurred | 45% |
- 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 100 once every three 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 person shall seek within 24 hours of the loss an official investigation at the nearest police station or obtain an official police report of the incident.

3.6 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 1.000, 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.

3.7 24h 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.



4. Benefits List (BEN)

Foreign Student Health Insurance Switzerland

Foreign students, academics, interns, au pairs

General	STANDARD	COMFORT	PREMIUM
Currency	CHF	CHF	CHF
Insurance sum	KVG/LAMal (unlimited)	KVG/LAMal (unlimited)	KVG/LAMal (unlimited)
Annual deductible	300/500/1'000/1'500	300/500/1'000/1'500	300/500/1'000/1'500
Territoriality	worldwide	worldwide	worldwide

Hospitalization / Inpatient Treatments

Switzerland (general ward)	yes	yes	yes
Abroad (except USA, Canada, Japan) ¹	yes	yes	yes

Ambulatory / Outpatient Treatments

Hospital	yes	yes	yes
General practitioner	yes	yes	yes
Psychiatrist (in- and outpatient)	yes	yes	yes
Psychologist ²	no	no	50% max. 500
Specialists	yes	yes	yes

Maternity

Pregnancy	yes	yes	yes
Childbirth in Switzerland	yes	yes	yes
Childbirth abroad (except USA, Canada, Japan) ¹	8'000	12'000	16'000
Antenatal classes	150	300	500
Normal pregnancy check-up	7x	9x	11x
Obstetric ultrasound examination	2x	4x	6x

Medicine

Prescription medicine	KVG/LAMal	KVG/LAMal	KVG/LAMal
Alternative medicine	KVG/LAMal	KVG/LAMal	KVG/LAMal

Emergency treatments

Emergency treatments (in- and outpatient)	worldwide	worldwide	worldwide
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Dental treatments

Accident	80%	90%	100%
Illness ³	no	50% max. 250	50% max. 500



Transport and rescue

Ambulance & transport	50% max. 500	50% max. 1'000	50% max. 2'000
Rescue	50% max. 5'000	50% max. 10'000	50% max. 20'000

Hospital visit of a family member

Flight in the economy class/medium-priced hotel	no	2'500	5'000
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Return to home country

Return to home country (Repatriation)	EUR 30'000	EUR 30'000	EUR 30'000
Repatriation of mortal remains	no	yes	yes

Accidental capital

Accidental death	10'000	20'000	30'000
Accidental disability	10'000	30'000	50'000

Glasses and contact lenses

Glasses and contact lenses	no	no	100 / every 3 years
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Travel protection

Trip cancellation (accident and illness)	no	500	1'000
Recovery of passport and ID card	no	100	200

Exam protection

Examination fee (accident and illness)	no	500	1'000
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24-h helpline

Help with the choice of a doctor and hospital	yes	yes	yes
Mobile phone- and credit-card-blocking service	yes	yes	yes

- ¹ Only with ERV's consent, according to GIC Art. 1.5 F.
- ² Not delegated treatments in addition to KVG/LAMal.
- ³ Dental treatments in case of new illnesses which are not already covered by OPAS.



5. Data Protection Swisscare

In accordance with Art. 13 General Data Protection Regulation (GDPR) we are informing you about how your personal data will be processed within the scope of our services.

Swisscare Switzerland AG

Swisscare is the insurance broker and the customer service of your insurance product. Our registered representation in the EU/EFTA in accordance with Art. 27 GDPR is as follows:

Swisscare Services Ltd.
Alte Landstrasse 6
6496 Balzers (LI)

The data protection officer can be contacted via the above-mentioned address with the addition to the Data Protection Officer" or via email at dpo@swisscare.com

Why do we process your data? What is the legal basis?

We process your personal data in compliance with the GDPR, and the local data protection regulations applicable in the Principality of Liechtenstein, namely the Data Protection Act and the Data Protection Ordinance.

When you submit an insurance application, we require certain information in order to be able to conclude a contract with you. If you decide to conclude an insurance contract with us, we process data in order to conclude and maintain the contractual relationship, for example invoicing purposes or to check your eligibility.

We are unable to conclude a contractual relationship with you without this personal data. For this reason, the information we require is based on Art. 6 para. 1 letter b (necessary for the performance of a contract) and c (compliance with a legal obligation), for example, due to tax law regulations, social security and health insurance law regulations, corporate regulations and compliance obligations. Due to these regulations and statutory retention periods, we are unable to delete certain personal data until these statutory retention periods have passed.

Data we process due to Art. 6 para. 1 letter f (legitimate interest) is due to the following:

- IT Security and Operations
- Insurance Fraud Prevention
- Marketing of our own insurance products and services

Health-related data

Swisscare does not process any health-related data in relation to claims. The sole responsibility lies with the Insurer, in this case, ERV. If we receive health related data, we inform the sender and delete it subsequently and irreversibly.

Third parties who receive your data

Your data will be communicated to the Insurer (ERV) in Switzerland based on the contract you have concluded. We may disclose your data to governing authorities concerning your insurance validity and concerning exemption from mandatory health insurance, as well as to other insurers and re-insurers. We may also have to give access to third-party providers of our IT Services in order to maintain IT Security and Operations who may be accessing our data from the EU/EFTA area or from a third country.





It is possible that we will also have to communicate your personal data to governing authorities for the fulfillment of statutory duties of notifications (finance authorities, criminal investigation agencies).

Data retention

We will store your personal data until the statute of limitations for claims against our company has ended (retention period is between 5 and 30 years), and if we have a legal obligation to do so (for example based on the Swiss Insurance Contract Act, Swiss Code of Obligations).

Rights

You have the right to information about the personal data stored with us, the right to demand the correction of personal data, the right of deletion within the frame of our legal obligations, the right to object to the processing, the right to restrict processing and the right to data portability.

You have the right to object to the processing of your data for marketing purposes. We enable our customers to unsubscribe from our newsletter independently. If we process your data in order to protect legitimate interests, you have the possibility to object to this based on your particular situation.

Should you have objections concerning the processing of your personal data, please contact our Data Protection Officer.