Vivia

Supplementary Conditions (SC) under the Insurance Policies Act (VVG)

Version 2027, valid from 1 January 2027

SWICA

Customer information

We wish to point out some contractual bases that are particularly important before you sign a contract.

The insurance contract is based on the documents according to the customer information in the General Insurance Conditions (separate document).

Look out for this symbol in the Supplementary Conditions below: i

Please ask someone to explain the marked text passages before you sign the contract. We use the symbol to emphasise the following:

- Who can take out insurance?
- What does the insurance cover and what does it exclude?
- What are the policyholder's obligations?
- When is an insured person entitled to benefits?

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Vivia supplementary insurance

I. Scope of application

Art. 1 Purpose

SWICA Insurances Ltd, hereinafter referred to as SWICA, covers additional benefits for inpatient and outpatient treatments on top of those provided by mandatory healthcare insurance (in accordance with the Federal Health Insurance Act [KVG], SR 832.10) under its Vivia supplementary insurance.

Art. 2 Policyholder

ⓘ Anyone who has a legal place of residence in Switzerland can apply for this supplementary insurance.

II. Scope of insurance

Art. 3 Scope of insurance

1. ⓘ SWICA covers the cost of treatment due to illness, accident or maternity, as well as preventive measures, provided that such treatment and measures are effective, appropriate and economical. Costs resulting from an accident are only insured if the accident occurs after insurance cover commences.
2. The scope of the insurance is based on Art. 2 of the General Insurance Conditions for supplementary insurance (GIC VVG).
3. Co-payments under social insurance plans are not covered.

III. Vivia benefits in Switzerland

Art. 4 Emergency transport/transfers; search and rescue operations in Switzerland

1. Supplementing basic insurance, SWICA covers up to 90% of the cost, at the usual rates, of emergency transport or medically necessary transfers to the nearest doctor or hospital in Switzerland, up to a maximum of 20 000 francs per calendar year. Benefits paid in the same calendar year pursuant to Art. 10 (1) of these Supplementary Conditions shall be counted towards this amount.
2. SWICA covers a maximum of 90% of the costs, up to 20 000 francs per calendar year, for search and/or rescue operations for the policyholder. Benefits paid in the same calendar year pursuant to Art. 10 (1) of these Supplementary Conditions shall be counted towards this amount.
3. Costs shall only be reimbursed in accordance with (1) and (2) if the event that triggered the benefit (accident or medically certified, unexpected deterioration of a chronic condition, illness or consequence of an accident) occurs after insurance cover commences. There shall be no entitlement to the payment of treatment costs for illnesses and their consequences or for the consequences of accidents for which an exclusion has been applied in accordance with Art. 23 GIC VVG.

Art. 5 ⓘ Medicines

1. SWICA covers a maximum of 50% of the costs of medically necessary medication that is prescribed by a doctor and is not included in the negative list, up to 200 francs per calendar year. Medicinal products and medications are reimbursed at the retail price. Production costs of self-manufactured medicines are not covered.
2. Medicines are defined as products and their active ingredients that are registered with Swissmedic. No payment shall be made for the following:

   - Homeopathic, phytotherapeutic or anthroposophic medicines
   - Medicines for treating acne, endometriosis and polycystic ovary syndrome with oral contraceptives or IUDs (intrauterine devices)
   - Medications that are used for preventing illnesses, are cosmetics, are used for sexual stimulation or contribute towards weight reduction, or active ingredients and products that are subject to the provisions of the Swiss Food Ordinance (VNem)
   - For items on the special medicines list under the KVG that are covered for limited applications or only covered in part under mandatory healthcare insurance, SWICA's Vivia plan does not cover these medicines for uses that lie outside of their defined scope of application. This means that SWICA's Vivia plan does not cover any costs for medicines on the special medicines list under the KVG. This also applies to doses or indications that are approved by Swissmedic beyond the limitations set out in the special medicines list and are not covered under basic insurance
   - Medicines that manufacturers remove voluntarily from the special medicines list under the KVG

Art. 6 Hospital stays

1. SWICA pays for the accommodation and treatment costs for stays in the general ward of SWICA-approved hospitals in Switzerland. Cover is limited to benefits not covered by mandatory healthcare insurance for inpatient treatment in SWICA-approved hospitals on a cantonal hospital list (listed hospitals) outside the canton of residence. This means that the portion exceeding the reference rate of the canton of residence under mandatory healthcare is covered, unless this amount is already covered by mandatory healthcare insurance for medical reasons. In order for costs to be covered, treatment must be provided in the respective listed hospital under the respective cantonal service mandate (on the hospital's premises), meaning that there is an obligation to pay benefits in accordance with mandatory healthcare insurance. The respective cantonal service mandate is based on the hospital planning that is published by the cantonal health departments and valid at the time of treatment.
2. SWICA maintains a directory of hospitals and doctors that lists all of the hospitals and doctors approved by SWICA. No costs will be covered for providers that are not approved.

Art. 7 Maternity

1. SWICA pays the same accommodation and treatment costs for maternity-related inpatient hospital stays as it does in cases of illness. The provisions of Art. 6 of these Supplementary Conditions apply mutatis mutandis.
2. In addition, under the mother's insurance, SWICA also reimburses the costs for the child's stay and treatment following delivery, provided that the child is insured with SWICA and is in hospital together with the mother.

Art. 8 Vaccinations including for travel

SWICA covers 90% of the costs, up to 200 francs per calendar year, for medically and officially recommended vaccinations, including travel vaccinations.

IV. Vivia benefits abroad

Art. 9 Emergency treatment and eligibility requirements

1. SWICA will issue a cover note and pay the cost of medically necessary emergency treatment received by Swiss residents during a temporary stay abroad, insofar as a return to Switzerland within the meaning of Art. 36 (2) KVV is not reasonable and the costs are not covered by any other insurance (whereby the subsidiarity principle applies for social insurers and the coordination rule under Art. 46c [1] VVG applies for private insurers). The insurance covers all treatments recognised under mandatory healthcare insurance in Switzerland.
2. Costs shall only be reimbursed in accordance with section IV if the event that triggered the benefit (accident or medically certified, unexpected deterioration of a chronic condition, illness or consequence of an accident) occurs after insurance cover commences. There shall be no entitlement to the payment of treatment costs for illnesses and their consequences or for the consequences of accidents for which an exclusion has been applied in accordance with Art. 23 GIC VVG.
3. SWICA pays for outpatient and inpatient treatment in the event of emergencies that occur abroad. For inpatient treatment, the costs for the private hospital class are covered during the first three months of travel, and then those for the general class.

Art. 10 Personal assistance (emergency transport/ transfers and search and rescue operations abroad, repatriation, visitation travel costs and repatriation of a body)

SWICA also pays the costs for the following benefits, organised by SWICA's emergency call centre, if a policyholder falls ill, suffers an accident, or experiences a medically certified, unexpected aggravation of a chronic condition while abroad:

1. Emergency transport and transfers, and search and rescue operations abroad
    - A maximum of 90% of the costs, up to 20 000 francs per calendar year, for emergency transport or transfers while abroad, if deemed necessary by the SWICA emergency call centre after consultation with the local attending doctors. Benefits paid in the same calendar year pursuant to Art. 4 (1) of these Supplementary Conditions shall be counted towards this amount.
    - A maximum of 90% of the costs, up to 50 000 francs per calendar year, for search and rescue operations abroad, if deemed necessary by the SWICA emergency call centre after consultation with contact persons and/or the authorities, or local search and rescue organisations. Benefits paid in the same calendar year pursuant to Art. 4 (2) of these Supplementary Conditions shall be counted towards this amount.

2. Up to 150 000 francs per calendar year for repatriation to Switzerland or to hospital, if deemed medically necessary by SWICA or the SWICA emergency call centre in consultation with the local attending doctors.
3. If a hospital stay abroad lasts longer than seven days, the costs of a visit by a person very close to the SWICA policyholder are covered as follows:
   - The declared costs of the outward and return journey, but no more than the cost of a flight in economy class
   - The declared costs of accommodation and meals, up to a maximum of 200 francs per day and 1000 francs in total
4. In the event of death abroad, SWICA covers the costs of repatriation of the body or urn (if the body is cremated in situ abroad) to the place of residence or burial site in Switzerland, provided the SWICA emergency call centre was consulted in advance to arrange the repatriation.

Art. 11 Conduct in the event of a claim

1. For the benefits set out in Art. 9 of these Supplementary Conditions (with the exception of cost cover for outpatient treatment) and Art. 10, and in the cases described in Art. 11 (2) and (3), the policyholder is required, unless there is imminent danger, to consult the SWICA emergency call centre in advance and follow both its instructions and those of SWICA. If the benefits are not approved and arranged by the SWICA emergency call centre, the entitlement to benefits may be reduced in accordance with the obligation to mitigate loss (Art. 20 GIC, Art. 38a and Art. 45 VVG).
2. Policyholders can arrange their own outpatient treatment as a matter of principle. However, if medical outpatient measures, such as diagnostics, treatment, care and medication, exceed 25 000 francs total per calendar year, the policyholder must first obtain a commitment to cover costs from SWICA.
3. For hospital stays, the policyholder must request a cover note from SWICA's emergency call centre before the treatment or admission to hospital. In the case of emergencies, SWICA must be notified within five days from when treatment begins. The doctors at the emergency call centre decide on the basis of medical findings and Art. 36 (2) KVV whether SWICA will issue a cover note and whether the insured person should be transferred to another hospital or repatriated to a suitable hospital near the policyholder's place of residence.
4. The policyholder must send SWICA all original invoices together with the necessary medical information, or use an electronic delivery channel provided by SWICA.
5. The policyholder must do his/her utmost to minimise the damage and assist with enquiries into the claim.

V. Health legal protection
(insurance carrier according to application/policy)

Art. 12 Health legal protection

1. When taking out this Vivia supplementary insurance, supplementary health legal protection cover is automatically taken out as well provided that a valid contract is in place between SWICA and an insurance company (insurance/risk carrier) with the appropriate authorisation at that time. The insurance/risk carrier for this supplementary insurance shall be declared in the application or policy.
2. The policyholder of the supplementary health legal protection insurance is the policyholder of the Vivia supplementary insurance.
3. The version of the Supplementary Conditions for supplementary health legal protection insurance valid as of 2027 applies.
4. When the Vivia supplementary insurance is terminated by the policyholder, the supplementary health legal protection cover shall end at the same time.
5. When the supplementary health legal protection cover is terminated by the policyholder, the Vivia supplementary insurance shall end at the same time.
6. If the contract between SWICA and the current insurance/risk carrier is terminated, SWICA shall conclude a new contract with a new insurance/risk carrier that shall commence when the original contract ends and contain terms and conditions that come as close as possible to those of the original contract. If, through no fault of its own, SWICA is unable to conclude a new contract with a new insurance/risk carrier or unable to agree equivalent terms and conditions, the supplementary health legal insurance cover shall expire upon the expiry of the contract between SWICA and the current insurance/risk carrier. This expiry shall not affect the Vivia supplementary insurance, which shall remain in effect until it is terminated.
7. SWICA shall give notice that the supplementary health legal protection cover is expiring at least three months before the contract between SWICA and the current insurance/risk carrier ends. For legal cases whose triggering events occurred during the term of the contract, and which meet the contractual conditions for entitlement, cover shall still be provided by the original insurance/risk carrier.
8. In the event of expiry, the policyholder shall have the right to terminate the present insurance contract as of the end of the current calendar year. To be valid, notice of termination must be given in writing or in another form deemed as written proof and reach SWICA's reception area by 17:00 on the last working day of the calendar year (postmark date does not serve as the reference date). If the policyholder fails to give notice, this shall be interpreted as tacit consent to the changes in the contract.

VI. Waiting period and co-payment

Art. 13 Waiting period

1. A waiting period of 90 days from the commencement of insurance cover applies to benefits pursuant to Art. 6 “Hospital stays”.
2. A waiting period of 360 days from the commencement of insurance cover applies to benefits pursuant to Art. 7 “Maternity”.

Art. 14 Co-payment

1. SWICA may increase or reduce the co-payment (deductible) for the benefits insured in accordance with the present Supplementary Conditions in response to the cost trend resulting from the claiming of benefits. This applies in the event of significant deviations from the expected or previous cost trend.
2. SWICA shall give notice that the co-payment is being adjusted in accordance with (1) at least 30 days before the end of the calendar year.
3. If the co-payment is adjusted in accordance with (1), the policyholder shall have the right to terminate the present Supplementary Conditions as of the end of the current calendar year.
4. To be valid, notice of termination must be given in writing or in another form deemed as written proof and reach SWICA’s reception area by 17:00 on the last working day of the calendar year (postmark date does not serve as the reference date). If the policyholder fails to give notice, this shall be interpreted as tacit consent to the changes in the contract.

VII. General provisions

Art. 15 Lists and directories

Art. 7 of the GIC VVG applies in respect of the lists and directories referred to in these provisions.

Art. 16 Premium rate model

This product uses an age-based rate. In derogation from Art. 17 GIC VVG, the age groups are: 19–25, 26–30, and then five-year age increments up to the age of 71+.

080e/online/8.2026