

SHI Rules	BENEFITS	Basic insurance SHI	Complementary GPAFI
	PROFESSIONAL SERVICES		
210.1	Periodic health examinations	80%	20%
210.2	Immunizations	80%	20%
210.3	Services provided by physicians and midwifery personnel	80%	20%
210.4	Surgery, including: - approved maxillo-facial surgery or dental surgery - approved plastic or reconstructive surgery - refractive eye surgery (max. \$ 2'000.- per eye)	80%	20%
210.6	Diagnostic, therapeutic and rehabilitation services provided by audiologists, chiropractors*, occupational therapists, podiatrists*, osteopaths*, laboratory technicians, midwives, physiotherapists*, psychologists, speech therapists (max. 150 sessions over a period of 5 years for children under the age of 17) and radiographers * max. 30 sessions within a 24-months period	80%	20%
210.7	Approved domiciliary or institutional nursing services (max. \$ 100.- / day) (* except basic care in an EMS (Nursing home) or equivalent benefits at home)	80%	* 20%
210.8	Acupuncture when provided by a physician or a recognized therapist	80%	20%
	PSYCHOTHERAPY (INCLUDING PSYCHOANALYSIS)		
220.2	Treatments approved and provided by a recognized therapist (max. \$ 10'000.- within a five-year period)	80%	20%
	INFERTILITY		
221	Treatment for infertility, max. \$ 30'000.- for the entire period of coverage	80%	20%
	SUBSTANCE ABUSE		
222	Treatment for substance abuse max. \$ 30'000.- for the entire period of coverage	80%	20%
	HOSPITALIZATION		
230	Stays in a common ward in a public hospital	100%	—
250.1	Minimum cost of a semi-private room (USA or Canada)	80%	100% of the remaining amount up to Fr. 500.- / day
250.2	Minimum cost of a private room (Switzerland and other countries)	80%	
	MEDICAMENTS		
270	Prescribed medicaments except those on the list of non-reimbursable medicaments, OTC drugs, foods and dietary products, phytotherapy products, mineral waters and toilet articles	80%	20%
	APPLIANCES AND ACCESSORIES		
280	Prescribed appliances and accessories for therapeutic or rehabilitation purposes	80%	20%
288	Prescribed lenses, frames and contact lenses, max. \$ 250.- per year, cumulative over 3 years	80%	20% max. Fr. 300.- per year cumulative over 3 years
290	Hearing aid, max. \$ 1'800.- for each ear in any five-year period	80%	20%
	TRANSPORTATION		
300.1	In case of emergency	80%	20%
300.2	For treatment	80%	20%
300.3	Between hospitals	80%	20%
	DENTAL BENEFITS		
310	Dental care, max. \$ 1'500.- per calendar year cumulative over 3 years	80%	20% max. Fr. 500.- per year cumulative over 3 years
	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 the basic insurance (acupuncture, ayurvedic medicine, Chinese medicine, etiopathy, homeopathy, kinesiology, lymphatic drainage, mesotherapy, neural therapy, phytotherapy, reflexology, Shiatsu, etc.)	—	90% of costs with a ceiling of Fr. 1'000.- per calendar year

Benefits

With the exception of natural medicine outpatient treatments which are not covered by the basic insurance, the benefits of the complementary health insurance are paid in addition to the benefits paid by the basic insurance, according to the basic benefits and under the conditions of the basic insurance.

In lack of benefits from the basic insurance, no benefits are paid by the complementary health insurance. Ceilings and limits of the complementary health insurance specified in the benefits schedule below are a maximum, even if the basic insurance decides to pay supplementary benefits or ex gratia benefits.

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 :

- **12 months** for maternity (costs of pregnancy, delivery and birth of the baby);
- **24 months** for sterility treatments, including in vitro fertilization;
- **6 months** for psychotherapy treatments for children under the age of 18;
- **12 months** for psychotherapy treatments for adults.

Reimbursement

Refunds are made on presentation of the reimbursement advice of the basic insurance within 12 months of the date of its edition.

A photocopy of the invoice must be attached in the following cases:

- Inpatient treatment (hospitalization, convalescent home, cure, etc.);
- Treatment limited in number of days or sessions (nursing services, physiotherapy, psychotherapy, speech and language therapy, etc.);
- Optical care, appliance and device, infertility treatment and transport;
- The insured person admitted with a reserve must attach copies of all invoices for the duration of the reserve.