

SCHEDULE OF BENEFITS		Basic insurance SHIF	Complementary GPAFI
1.	PROFESSIONAL CARE		
1.1	Doctor's services	80%	20%
1.2	Surgical operations	80%	20%
1.3	Medical imagery (X-rays, MRI, CT-scan, mammograms, etc.)	80%	20%
1.4	Laboratory services and other tests	80%	20%
1.5	Functional rehabilitation treatment Max. approved expenses USD 85.- per session, max. 30 session per calendar year	80%	20%
1.6	Out-patient medical nursing services for an acute condition Max. approved expenses USD 2'500.- per calendar year	80%	20%
1.7	Psychiatry, psychoanalysis or psychotherapy Max. approved expenses USD 6'000.- or 60 session per periode of 3 calendar years	80%	20%
2.	IN-PATIENT AND LONG-TERM CARE		
2.1	Stays in a common ward in a public hospital	100%	—
2.2	Accommodation in hospital or clinic Max. approved expenses USD 550.- per day	80%	100% of the remaining amount up to Fr. 500.- per day
2.3	Convalescence / Follow-up treatment Max. approved expenses USD 170.- per day	80%	20%
2.4	Cures Benefit is limited to one cure and a maximum of 14 days per calendar year	80%	20%
2.5	Long-term nursing services in an institution Max. approved expenses USD 150.- per day (* except basic care in an EMS (Nursing home) or equivalent benefits at home)	80%	* 20%
2.6	Long-term nursing services at home Max. approved expenses USD 3'450.- per month (* except basic care in an EMS (Nursing home) or equivalent benefits at home)	80%	* 20%
2.7	Medical care in institutions covered by codes 2.2, 2.3 and 2.4	80%	20%
3.	PRESCRIBED MEDICAMENTS		
	With the exception of products on the list of products excluded from reimbursement	80%	20%
4.	DENTAL CARE		
	Max. approved expenses USD 1'500.- per calendar year (cumulative over 3 years)	80%	20% max. Fr. 500.- per year cumulative over 3 years
5.	MEDICAL APPLIANCES AND PROSTHESES		
5.1.	Optical appliances Max. approved expenses USD 320.- per calendar year (cumulative over 3 years) (Within the max. approved expenses, maximum benefit for frames USD 100.-)	80%	20% max. Fr. 300.- per year cumulative over 3 years
5.2.	Hearing aids Max. approved expenses USD 3'750.- per ear per periode of 3 calendar years	80%	20%
5.3	Prosthetic appliances (except dentures)	80%	20%
5.4	Wheel chairs and similar equipment	80%	20%
5.5	Other appliances	80%	20%
6.	TRANSPORT COSTS		
6.1	In case of emergency	80%	20%
6.2	When hospitalized	80%	20%
6.3	Costs of other medical travel	80%	20%
7.	FUNERAL COSTS		
	Maximum benefit: USD 500.-	100%	—
	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.